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THE NATIONAL C

STATE OF NEW YORK

IN SENATE,
January 1, 1901.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE,
IN RESPONSE TO A
RESOLUTION PASSED BY THE SENATE
MAY 1, 1899.

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MENTAL HYGIENE

VOL. X

APRIL, 1926

No. 2

PRACTICAL ASPECTS OF PARENTAL LOVE *

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IT HAS been five years since I last spoke before a formal child-study group. The dodging of this issue has not been due to psychic trauma incurred during that last experience, but is definitely associated with reflections arising from some six hundred child contacts made from year to year with dispensary and private cases. In attempting the readjustment of these children, again and again the question comes up, How can one get over to parents and teachers and matrons and boards of managers and directors of religious and social organizations the necessity of honestly following the facts of individual behavior problems, instead of seeking advice to corroborate some cherished point of view? The factors that block the cultivation of such an attitude are not so much limitation of intellectual grasp and educational background as those subtle ingredients of human nature involved in the will to believe. In no other department of medical science is it so hard to educate people with regard to the principles underlying good health as in that branch of our profession which deals with the growth and development and functioning of behavior. This may be due to the fact that for hundreds of years it was customary to section an individual into body and mind, the former belonging to the province of so-called material science and the latter to religious and philosophical speculation. With the rise of psychology, mind became subject to experimental investigation which reduced its facts to something concrete and tangible. Motor and sensory re-

* Read at a meeting of the Chicago Woman's Aid, January 26, 1926.

sponses, the workings of memory, attention, and the association of ideas became demonstrable through processes akin to those already employed in chemistry and physics and physiology, until it was thought that behavior could be reduced quite simply to terms of brain physiology, and, conversely, that abnormal behavior could be explained in terms of faulty brain functioning. We have learned a great deal about the nature and mechanisms of brain structures, to which are being added certain facts about a group of important organs called the ductless or endocrine glands. But the best science of to-day can by no means pin its faith to these two factors as the sole determinants of behavior, for it has been proven beyond the peradventure of a doubt that other factors play an equally important rôle in behavior. Facts of inherited constitutional equipment, facts of environmental influence and early training, facts of disappointment and bereavement and personal conflict, leave scars as devastating to the production of activity as any actual brain lesion known to pathology. Mind and its expression in behavior can be adequately sized up only by investigating *all the facts available* in each individual experiment of human nature, rather than by approaching a person with the unconscious determination to find a cause in keeping with one's own peculiar point of view.

With this background of general facts as to methods of evaluating behavior, I should like to discuss a few common parental attitudes that do a great deal of damage in the way of warping the development of childhood. These attitudes are equally common to all sorts and conditions of mothers and fathers. City and country bred, college and grade educated, foreign born and native aristocrat are equally prone to err when a discussion of their own children is concerned. Each set of parents excuses its attitude of rebellion against the acceptance of plain, straightforward facts by the rationalization of parental love. The only difference of class distinction is that the social stratum with better education and wider opportunities for so-called culture possesses a richer repertoire of defensive mechanisms. Let me illustrate with case material involving parental acceptance of a child who is mentally retarded:

Vincent C. is an Italian boy of twelve who was referred to our psychiatric dispensary because of chronic truancy, petty thieving from market stalls, running away from home for several days at a time, and an impudence and combativeness when he was in school that finally caused him to be excluded as a nuisance. He is one of a fraternity of seven, none of whom except himself has given evidence of antisocial behavior. The father lived for six months at a tuberculosis sanitarium and was then pronounced in fit condition to resume his work. During his absence the family were tided over by a local case-work agency, and the children and mother were carefully followed for tuberculosis—in fact spent a summer at a preventorium.

Vincent has always been stubborn and vindictive. It took him from six years to twelve years of age to reach the low fourth grade, where he stuck fast. The Binet-Simon intelligence test showed that he had a mental age of barely nine years. Obviously the public school had ceased to be serviceable to him, and this particular school had not even the makeshift of a special class. The child's delinquent trends, combined with his serious personality difficulties, made a period of training in a school for retarded children a therapeutic necessity. The mother readily consented, but the father has persistently refused. Offhand, it is easy to ascribe his refusal to an ignorance common in the foreign born with meager opportunities and limited natural endowment. The latter, however, did not prevent Vincent's father from accepting advice to go to a sanitarium himself and to send his children to another civic institution to prevent tuberculous development in them. Yet when the same agency advises him to send one of his children to another state institution where he can get suitable training without cost, this father refuses.

This refusal is based not so much on inability to take in the concept of his child's mental condition as on unwillingness to accept it. Vincent's father is a loud, domineering man who rules his household with a blow and an oath when they do not promptly fall in line. Vincent has always been his favorite child because he has shown what the father considers praiseworthy characteristics of masculine independence inherited from him. The mother and older children have never been

allowed to correct Vincent. When the latter returns from a particularly bad outburst of masculinity, the father thrashes him unmercifully. Though the school has excluded the child and the police have repeatedly brought him home as a vagrant and a thief, the father still refuses to take action in the matter. In doing so he would have to acknowledge his own defeat, give up the cherished and advertised belief that Vincent's crudities of behavior are virtues, accept the fact that they are instead the results of poor mental health, and hence cast reflection on his own brutality of which he has been frankly proud.

Ah, you say, only a psychiatrist, accustomed to setting snares for the innocent, could possibly associate such complexities with a poor Italian mechanic! Perhaps that is true, but suppose we follow parental behavior when confronted with a similar adjustment problem in other social and educational settings. John B. is a child of almost six whose parents asked me to see him because he was "a little nervous and hard to control". Accompanying the request was a letter from the mother in part as follows: "I should like to have you advise me about my six-year-old boy. Three years ago he had a serious stomach attack and now, although he is entirely well physically, he is not responsive enough mentally. He does not converse enough. Though he can ask plainly for what he wants, he has a nervous habit of chattering when excited. He is pleasant and companionable at home, but noisy and unruly in a crowd of children."

With this prologue, I was prepared for anything but the behavior picture that met my eyes on the day of the appointment. Breaking loose from his parents, who were attempting to greet me with their disengaged hands, John darted through the reception room out onto the verandah straight toward a hose in action. When finally captured, he lay down in the water, rolling about, screaming and kicking and striking at his rescuers. Carried to the washing facilities in my office, he threw towels and other movable objects on the floor, tried to eat the soap, and smeared his face with the black paste produced by his washing exertions. At large in my office, he cleared the surface of my desk of everything, including the telephone. In all these performances there was no evidence

of fear or anger or mischief or spite. His behavior represented a pure culture of disorganized and uncontrolled activity without a semblance of purpose or constructiveness. Speech was confined to a few monosyllables uttered with high-pitched intonation. With great effort his parents and I succeeded in holding his attention—and him—long enough to elicit a few responses to the third-year group of the Binet-Simon test.

The mother gave a smooth history of normal development—walking at ten months, sentence formation at two years, complete tidiness, and so forth. The pediatrician later told me that John had shown the opposite behavior since he had known him from infancy—that he was constantly destructive, had pushed his three-year-old sister down an embankment, and had struck other small children with bricks. He had repeatedly urged the parents to bring John for psychiatric examination, but they had refused until several kindergartens had excluded him as a menace.

Naturally my own attempts at helping the parents to insight were also fruitless. They contended that the child was a little excited in coming to a strange office because of the failure of education to teach him properly; what they wanted was a recipe for getting him to learn. Here again, the teachableness of the parents involved the question whether they were intellectually unable to grasp concepts related to the problem of mental retardation in general, or whether they were unwilling to accept these concepts in the case of their own son. Both parents were college graduates and club members. They were well read, and could reproduce the substance of a great deal of literature on the psychology of childhood. They said that they did not believe John to be mentally retarded because he was not like any case they had read of. "And", added mamma, "of course no one can really understand a child as well as his own parents."

After leaving my office sorrowing, the parents consulted a brain surgeon, who refused to perform an exploratory craniotomy. They next consulted an internist, who also called me up to say that he could see no conscientious reason why he should feed this child glandular extracts. The last report is that a tutor has been found to come to the house and teach the child so many hours a week. The mother insists on taking

John about and subjecting him to all the social strains of ordinary childhood.

To understand the mother's self-deception (I mention the mother because she dominates the partnership) one must know something of the background of her own developmental attitudes. She is descended from an old colonial family famous for its culture and literary attainments. One sister developed a mental disorder during which she committed suicide. Brought up in the haunting presence of this family skeleton, which was officially locked in a closet of taboo so far as any family discussion of the matter was concerned, Mrs. B. grew up as an only child. Finances were desperately strained to enable her to go to a fashionable college and make her *début* at the pace of her set. She was a tense, shy child who had to nerve herself to go to parties, frequently coming home to cry herself to sleep. She felt compelled to live up to the family ideals and ambitions which her widowed mother constantly held before her.

At last she fell in love with a man who was considered a poor match from the standpoint of fortune and social connections. Their married life has been a struggle to keep up a prosperous front. The maternal attitudes of little John B.'s mother are built upon the maternal patterns upon which she herself grew up. Either mother would gladly give the last drop of blood in her body to save the life of her offspring if necessity required, but neither is willing to lower the flag of her conventional standards to follow a course of action that science and education unanimously agree is for the best health of this offspring.

I have presented these two child stories as somewhat glaring paradigms of parental attitudes that are far too commonly encountered by teachers and physicians who attempt to plan for the slow and retarded child. In every public and private school one sees these little folk, restless and irritable and unhappy, trying to live up to parental ideas of achievement. Teachers are coerced to push and prod and threaten and punish, that examinations may be passed and credentials established. Not what the child can do with a sense of encouragement and satisfaction is the watchword, but what he ought to do because he is the possession of his parents.

But mental retardation is not the only behavior problem of childhood that precipitates fundamental qualities of parental love. One of the most serious and common behavior curvatures with which education, social science, and medicine has to deal arises from a childhood combination of intellectual precociousness and abundant physical energy unbalanced by habits of emotional control. Some of you may be familiar with Balzac's story entitled *A Tragedy by the Sea*. It is the tale of a hermit cave dweller who for years had secluded himself on the bleak outskirts of a fishing village in expiation for the murder of his only son. Pierre and his wife were fisher folk, honest, hard-working, and simple in tastes. The little Jacques was a bright, fine-looking lad who easily stood out among his playmates in all spheres of ordinary competition. Parental pride in such a child was natural and would have constituted a tremendous guiding influence in his development had the attitude been rightly handled. But, alas, "one would see them at the fair buying him all the finest toys. It was a folly—every one told them so. Little Jacques soon saw he could do anything he liked and grew up as vicious as a red ass. If any one came to his father and said, 'Your son has almost killed So-and-So!' he'd only laugh and say, 'Bah, he'll make a fine sailor! He'll command the king's fleet one day.' Or another would say, 'Pierre, do you know Jacques has put out Pongoud's little girl's eye!' 'There will be a lad for the girls!' said Pierre. At ten years the young whelp would fight every one he met. 'He'll make a splendid soldier,' said Pierre. By fifteen years Jacques wanted coin, so he set to robbing his mother, and she didn't dare say a word of it to her husband. At last one day while his father was away fishing, the son carried off all the furniture in the house and sold it to go on a spree. When Pierre came back and heard the tale he said, 'He's too fond of his larks.' Six months went by and Pierre goes to plead his son's cause before a justice. But he doesn't ask him, 'What hast thou been doing?' He only says, 'If thou dost not stay here for two years with thy mother and me, and keep thyself straight, and go fishing and live like an honest man, thou'lt have me to deal with.' The mad fellow, counting on his parents' folly, makes an ugly face at his father. Thereupon Pierre gives him a cuff on the side of the

head that lays up Master Jacques for six months." Then comes another robbery, and Pierre, in a moment of rage born of wounded pride, drowns his son in punishment of behavior for which he, Pierre, alone is responsible.

But one need not go to literature, except for the authority of tradition, to realize that the story of little Jacques is based on facts that occur as frequently in the year 1925 as in the days of Balzac. Every community has such adolescent wreckage drifting through its courts and correctional institutions, clogging the wheels of its industry, and filling beds in its hospitals. Here are young people, with bright minds and healthy bodies, succumbing to the simple requirements of ordinary social organization by reason of habits of aggressive irresponsibility learned at home. In that atmosphere of early childhood the boy or girl soon catches on to the fact that because he or she is clever, or handsome, or surrounded with social prestige, he or she does not have to conform to courses of action expected of other children less fortunately endowed. Rude and domineering to servants and playmates and parents, there is no logical reason why such a child should not behave likewise to teachers and employers and business associates. Golden Rule teachings, attendance at Sunday School, lessons in manners, cannot and do not neutralize the effect of daily getting away with slipshod responsiveness through a stock in trade of such excuses as, "I forgot", "I didn't understand", "I never heard you say so", and so forth. Then comes a deliberate and flagrant example of bad faith, and the mother rushes for medical aid, with the fear that the child is beginning to show a change of personality, perchance due to brain pressure from a fall at two years of age! Reconstructing the parent-child and inter-parental relationships year by year up to the point of the supposed personality change, one invariably finds facts which show that the child's behavior reactions have always been consistently in keeping with the policies adopted in his management. Let me illustrate with two sketches of case material, again taken from different walks in life.

Ronald is ten years old. His mother came to us with the complaint that he is quite beyond his parents' control, and she feared that in another year it might be necessary to send

him to a correctional institution. So far he has done nothing worse than quietly ignore every request they make of him.

"It has come to the point where I can make no impression on the child unless I tell him that he is breaking my heart and killing me by inches. Do you think his mind could be affected?"

The immediate cause for psychiatric emergence was an occasion when he was forbidden to go over the way and play with a boy whose mother was entertaining at luncheon and would be disturbed by the noise. Ronald said, "Yes, mother", diverted her attention to another part of the house, walked out of the front door, and was seen no more till 4:30 p.m., when he came back in time to take his place in the limousine with a group of children his mother had invited to a moving-picture party. The mother did not deny him this outing because she thought it would be bad psychology to shame the child before his playmates. That night at bedtime she cried, told the child that his eight-year-old brother wouldn't have been so disobedient, and said that she would discuss the misbehavior with the father, and if he thought it worthy of a whipping, such punishment would be administered by father. Instead of weeping as usual, Ronald exclaimed, "I hate Bill, and I don't give a damn for you or Daddy either!" Next day the family took the train for Baltimore.

The father is a hard-working business man who feels that his job in the matrimonial partnership is to furnish the wherewithal for the maintenance of the present and the inheritance of the future. When he comes home after a day's work, he wants the atmosphere free of friction. Consequently he is irritated if called upon to act as judge and executioner, and Ronald not infrequently hears the domestic discussion that ensues before his case is called before the parental court. The mother's governmental policies have always consisted of arguing the pros and cons of every request, of issuing threats that are never carried out because when the moment arrives the child cries and she weakens, and of comparing Ronald with Bill, who is younger and less alert and energetic. The father's idea is to make few requests and see that they are fulfilled, but he goes through the rôle assigned him as patiently as he can in order that he may not give the mother a sense of failure

and destroy the ideals of parental harmony which both parents have always fooled themselves into believing exist in Ronald's mind. In talking with Ronald it becomes evident that the lad is well aware that his father thinks poorly of the mother's methods of training and administers punishment only because he is asked to do so. Here is a young offender living under a government of rules to which he has subscribed as reasonable, but consistently failing to perform a single jot or tittle of those laws without constant supervision. Parental love in this family is quite secondary to inter-parental relationships. It does not require imagination to picture what troubles are in store for parents and child in this household when at ten years their oldest son declares with an oath that he has no respect for either one of them. Can one blame him for not swallowing ethical principles and platitudinous advice from father and mother who do not love him enough to get together frankly on the policies of his training?

George S., aged seven and a half years, was brought to our psychiatric dispensary by his mother with the complaint of "violent attacks of temper, stealing toys and pencils and money, drawing vulgar pictures and passing them in school! Could this be from pressure on the brain?" The child proved to be in excellent physical condition, and had a mental age of 9 years, according to the Binet-Simon test. Obviously the behavior difficulties could not be ascribed to physical or intellectual handicap. Four years before, the mother had divorced the father on grounds of "incompatibility". The husband, she said, neither drank nor was abusive or unfaithful. "He was just too stingy to live with." The mother is a graduate of a teachers' training school, taught prior to her marriage, and has been teaching since her divorce. She has always taught first and second grades because the discipline of older children was too much for her. During marriage she never wanted children.

Since the elimination of the father, the child and his mother have lived for the most part in boarding houses, because the mother claims that her sisters are too critical. George slept with his mother, sitting up as late as she. He was usually the only child in the boarding house and the aggressive center

of attention. Every wish for candy, toys, ice cream, and so forth, was gratified. Entered at six years in one school, George was transferred to another because he was found to have taken a knife and other trinkets. The mother defended the child in his presence. On transfer to a second school he took a watch, and was transferred to a third school. When crossed in any request, George would lie down on the floor, scream, tear his clothes, and spit. For this conduct and the stealing, the mother had, nine months before coming to us, taken him to another local hospital where he was circumcised, without benefit to his behavior difficulties.

Our clinic explained to the mother that the child's stealing and lying and tantrums were not trivial matters, but serious antisocial trends that would gain momentum with every year of neglect, that her defense of the child by transferring him from one school to another was a fatal step in management. We urged that she place the child in a good school outside the state, where he could get a fresh start in a more wholesome environment, and that she leave him there, except for holidays, until he had grown sturdy roots of better behavior reactions. She appeared to acquiesce in these plans, visited the school selected, and placed the child in it. At the end of two months we received a letter from the principal, stating that the mother had appeared and taken the child away, excusing her action by picking flaws in some institutional regulations that the child had been obliged to follow.

Six months later the mother appeared saying that the child was again in difficulties. She was quite unwilling to acknowledge herself at fault in removing him from this last school venture, declaring that he was homesick and too young to go so far away from "a mother's care". Here is a mother who has kept up in education, is well read on child psychology and the literature of the pre-school child, and is a regular attendant at lectures on child study. She can apparently apply these principles intelligently to other people's children, but is completely lacking in realization of their significance in the case of her own. Is she blocked by inability or unwillingness to face plain facts that are evident to everybody but herself? As we look back over her life, we see that she has always

been accustomed to meet vital personal issues with the same process of rationalization she is using now. She deliberately brings up her child fatherless because she cannot live with a man who is "mean and stingy"; she cuts herself off from sisters who would gladly make a home for her because they criticize her for spoiling her child. With such habitual attitudes of self-deception, can we expect this woman of forty-five to acknowledge her complete failure in the management of her seven-year-old son? To her pride will be sacrificed the happiness and future usefulness of this bright lad. And medical science and education are helpless in the matter.

Among the varying degrees of childhood normality bubbling up in behavior problems is that of the child who early shows aggressiveness in antisocial trends that are far more deep-seated than spoiled-child reactions and unassociated with mental retardation. Here are children who from the start need expert guidance and the benefit of every help that the best in medical and social science has to offer. Even with all this, their adjustment is difficult enough, but when constitutional psychopathic trends are saddled with parental obstinacy, these children invariably go to pieces on the rocks of adolescence.

A case in point is that of Martin F., who was referred to our Phipps Psychiatric Dispensary in 1919 by the county board of education, who had expelled him from school for twice holding up the teacher with a gun of which his parents refused to deprive him. The mother brought him to us, she said, because she considered it politic to do so, not because she had any intention of following the suggestions we might give her.

Although only ten years of age at that time, Martin had a long record of progressive incorrigibility. At two years of age he ran away from home and was found in an engine cab at the railway station. At three he took a revolver and amused himself on occasions by chasing small children in the neighborhood. At four he got a newspaper write-up for throwing bricks through the windows of a house whose owner had offended him in some trivial way. From five to nine years he had been picked up by the police six times at distances of from twenty to forty miles from home. Our examination,

at ten years, showed an intelligence quotient of 120, plus good physical health. This was all the mother would allow us to do.

Five years later the lad was transferred to us from a psychopathic hospital in a neighboring city where he had been taken following his arrest while stabbing a sailor in a drunken brawl. His record during the interim between our first and second examinations was in part as follows: six admissions to various correctional institutions; three boarding homes under supervision of a welfare association; court assignments to the Big Brother League, the Bureau of Labor and Statistics, a county children's aid society, and a Catholic school. No sooner was he placed in each of these spots than the mother instituted legal proceedings to have him taken back to court or placed elsewhere. Meantime she visited him as often as possible, telling him that he did not have to obey the rules or follow the directions given him. Even while the boy was on our psychiatric house service, she took advantage of the fact that he was not legally committed to us and, picking a quarrel one night with the physicians, removed the boy at 10 p.m. to her own home. Six months later he attacked his father with a carving knife, for which he was committed to one of our state hospitals. Martin is still on their disturbed ward, in such a condition that even his mother does not dare to attempt his release.

The family background of environment and training in this case is not without significance. The father is an excellent mechanic who earns steadily and saves his wages. He has left his wife several times for reasons which neither cares to discuss, but always returns to give her his hearty support when she has declared war against a third party. The mother is a high-school graduate, well read in history, law, and sociology, and able to quote Shakespeare readily. This couple have deliberately brought up Martin and his older brother and sister to be individualists in their relation to the rest of society. For example, they have been taught from early childhood to believe that the world owes them absolute freedom to live their own lives as they choose, that rules and laws need not be obeyed unless they suit the wishes of the individual. Naturally all these children have been continually in

conflict with school and neighborhood and employers. They are without friends or community social contacts. With every year of conflict and its inevitable defeat, they become more bitter and erratic in their behavior.

The parents of these children are not psychotic, but desperately in need of mental hygiene. They pick from the latter what they need to justify their own point of view, and then discard its constructive aspects as soon as a legal defense has been established. All the educational influences in the state have been unable to keep this mother from forcing her children to grow up as grave social misfits. Year by year, through her philosophy of a spurious freedom, she drives these children into a slavery far more fatal than the atrocities reported from Africa. And every time she has gone into court to regain the right to mismanage Martin, she has diverted magisterial sympathy from magisterial judgment by using the plea of "a mother's love".

In presenting these cases for your consideration, I have not gone out into the byways and hedges of dispensary and private practice to cull the rare and exceptional, but have described material that in my own experience represents a common, garden variety of the family situations that make the adjustment of the problem child so difficult. There is probably not a person in this room whose life has not been shadowed in some way by unwholesome parental attitudes. Take the matter of adolescent emancipation, for example. Fifty years ago it was considered pathologically unnatural for any daughter to refuse "to see her parents through". This meant that she gave up hopes and ambitions and plans and resigned herself to a program that year by year became more drab and circumscribed. In middle life she found herself alone in the ancestral home, surrounded by faded heirlooms and devoid of friends, who had long ago been obliged to leave her behind in the journey of life. Or there is the daughter who was told she could marry only on condition that she made her family life beneath the parental roof. Or there is the son who struggles for years to run the family business according to methods his father found successful in 1888. Should these uncanonized saints rebel and attempt to live their own lives, terrible scenes ensue. I know a sixty-

year-old father who went to bed and stayed four years because his thirty-year-old son moved to a neighboring town in order to carry on his business to greater advantage. A clever and brilliant teacher of forty-two wrote me not long ago, "I should like to come down and visit you, but mother makes such a fuss when I leave her, and always does something to make herself sick." This woman has been separated from her mother only during her four years at college, and even then that devoted parent hounded her with daily letters saturated with accusations of neglect and selfishness. A telephone employee, superintendent of a city exchange, told me that at thirty-two years of age she had never bought a pair of shoes for herself. She didn't have the courage to select her own clothes because of the storm of ridicule and abuse she would receive from her mother. To meet the conflict of this family situation, she became a headache invalid. I have struggled in vain for six years to persuade two intelligent and genteel parents to allow their two daughters of thirty-odd years to have checking accounts. These dear old souls still follow their children to the front door with rubbers and measure out their cascara at night.

In attempting to salvage this adult wreckage, the physician is again confronted with facts of selfishness, jealousy, self-pity, and spite reactions complacently rationalized in the phrase "parental love". In common acceptance the love of parent for child is considered the highest form of affection in human relationships. And so it is in many an instance, rising to all the heights of sacrifice and self-forgetfulness portrayed in the poetry and prose of centuries. It is the very fineness of these qualities as they can express themselves in the parent-child relation that makes it so important for parents to cultivate the habit of being honest with themselves, to temper mercy with judgment, to differentiate between guidance and tyranny, to avoid making childhood the butt of grown-up emotional immaturity. This is a large order for the serious and conscientious parent of to-day to fill. Added to the complexities of daily living thrust upon the shoulders of every household, there are floating about in our midst a great many recipes for parental guidance in child development. For example, all sorts of people are talking about the

dangers of repression in childhood. Popularly interpreted, this means that every impulse that flits across the consciousness of childhood should be allowed to express itself without adult interference. If this is not done, children will rise up against their parents, and we shall have a new kind of warfare in the story of civilization. Now it is perfectly true that individuals become ill from the festering in their personalities of all sorts of warped viewpoints and unhealthy experiences which need the drainage of ventilative discussion. It is equally true that much of this infectious material is acquired in the periods of childhood and adolescence. But granted such facts, it certainly does not follow that the prevention of this damage is to be found in thrusting complete freedom of choice upon mechanisms of judgment and control in their most immature stage of development. One has only to look at the chaos that results when the feeble-minded are confronted with adult responsibilities to see where the doctrine of license in childhood would lead its disciples. Are the greatest childish pitfalls to be found in repression or in the mismanagement of guidance? It is so easy to be baited by catch phrases of common psychological parlance and to spin them out upon the surface of our minds without ever really pausing to think them through. "Inferiority complex", "repression", "father or mother fixation", "psychoanalysis" abound in our vocabulary with the phraseology of mah jong.

What do these words mean, not as expressions of abstract concepts, but as applied to the difficulties of our own lives? Suppose a group of mothers, banded together for the purpose of child study, should give up their lectures for one season and devote themselves to a serious study of some of the behavior problems found among the small inhabitants of their own households. Among the topics for informal discussion could well be included methods of handling jealousy between brothers and sisters; the management of crying and anger tantrums; the facts associated with indifference to school work; variation in responsiveness to father and mother; the acquisition of a healthy balance between over-stimulation and the satisfaction of normal cravings for amusement and recreation. Parents of every household have to meet these issues in some form or other, and as yet there have been collected

practically no data from the standpoint of their observation and experimentation in such matters. A year's intensive study along these lines, with meetings from time to time for suggestion and guidance from some able adviser, ought to prove of inestimable value to mothers who really want to understand their children. (I mention mothers because in the majority of homes the burden of training falls upon them.) The understanding of children is not a gift that naturally accompanies the maternal instinct; neither is it accomplished by the cultural process of keeping up to date on all the literature dealing with child study. Each family constellation is an entity in itself, requiring specific variation in the application of any social and educational principles to its needs.

I am well aware that such a program of study as I have outlined calls for a frankness of self-analysis that is not easy. It will not appeal to mothers who sit on managing boards of child-welfare organizations and correctional institutions and yet shy at bringing their own children to the office of a psychiatric adviser because of the supposed stigma attached to the procedure. I recall such a light in our own community who came to my office in almost detective disguise to tell me about her twelve-year-old daughter who three times in one year had hidden her mother's favorite diamond ring, finding it each time at the end of a week's search in order to bring herself into the limelight of maternal interest and approbation. Here was a child who resented all the social and community activities that kept the mother from paying more attention to her, and she hit upon a scheme to make herself prominent in the family circle. The activity in itself was not pathological, but to a less complacent parent would have constituted a danger signal that would have compelled her to pause in her civic good work and study the adaptation of her own child. The parents of to-day do not need more light, but more courage to follow the light that they have. The healthy adjustment of childhood does not depend upon physician or psychologist or teacher, but upon the atmospheric conditions of the home. Science and education are but the handmaids of parental love, and as servants they cannot be above their lord.

MENTAL HEALTH IN CHILDHOOD *

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THE IMPORTANCE of mental health as a factor in the efficiency of an individual—whether it be in his contacts familial, educational, industrial, or social—is becoming recognized more forcibly each year. When one stops for a moment to survey the progress made in modern psychiatry, even in the last decade, one is impressed with the evidences of dynamic, forward-looking activity. In the past, our efforts were directed largely toward an ever-increasing refinement of technique for the classification and diagnosis of nervous and mental ills. As our understanding of these problems of mental maladjustment progresses, we are discarding to a degree our more static concepts of disease entities, and are attempting more and more to understand all the elements within the individual and his environment that have played their part in creating the kind of problem which he brings to us. For only with an understanding of all the elements that have played a part in shaping the whole life experience from babyhood up can we interpret adequately the behavior reactions of the individual.

Behavior has a purposive value for the person, whether that behavior be good or bad, moral or immoral, healthy or unhealthy. The acceptance of this fact demands that an adequate study of the whole range of experiences of the individual be included before we can attempt to evaluate any given difficulty.

In adults as well as in children combinations of behavior reactions recur so frequently that it is possible to classify these symptom complexes under diagnostic headings, but to get results through treatment we cannot treat the disease entity of dementia praecox, manic-depressive psychosis, or other diagnostic categories. We must, however, concern our-

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✓ selves with the dissolution of some of the destructive emotional, physical, and environmental combinations involved in the state of unadjustment. Through the period of treatment, often prolonged, attempts are made to reintegrate the elements in the personality of the individual. This process of integration—if it can be carried far enough—may make for a reestablishment of normal relationships within the individual himself and between him and his environment. As an illustration, in the following case a diagnosis of praecox could be made, for the boy of eighteen is unable to hold a job and has become increasingly unreliable, quarrelsome, and suspicious, often threatening his employers because of imagined mistreatments and partiality shown to the other employees. In conversation he talks freely of his imagined wrongs and describes in detail his plans to get even with the office boys, the head clerk, and so forth. The office force as a whole, he feels, is down upon him. He frequently overhears telephone conversations which he is sure concern his own private life. He has detected meaningful glances between individuals as he enters a room suddenly and occasionally has found sentences in letters in the outgoing mails which, he believes, apply to him. He admits that he is altogether miserable and unable to do his work satisfactorily because of his preoccupation with his worries, but beyond this he has no real insight into his difficulties.

To discharge him offers the firm a release from irritation. He will carry to another job, however, the same set of attitudes, predetermined by his own unhealthy emotional problems, and the same cycle of irritations, culminating in the loss of the new job, will occur. To place him in a hospital for the insane will protect society from any destructive attempts that he may make in his desire to get even with or to destroy his persecutors, but this, too, is only a protective measure and has in itself no positive curative values.

A study of the boy's background reveals some suggestive facts. The youngest of three children, he was always the mother's favorite. The early developmental period was punctuated with many illnesses, which necessitated a good deal of the mother's attention. Because of a heart condition which may have been the result of a severe attack of measles

at one and a half years, the mother did not feel free to wean him, and nursing was continued until after the age of three. Weaning was a distressing experience for both mother and child. While the mother attempted to find appetizing foods, he steadfastly refused to partake of anything but liquids. To the present day his diet is chiefly of the liquid and semi-solid variety. At the time of this illness the mother slept in the room with him and this arrangement continued until the boy was seven, for each time she proposed going back into his father's room, he developed night terrors or such severe crying spells that the separation was constantly deferred.

At the age of seven the family doctor finally told both the boy and his mother that this must stop. Accordingly the mother left him to sleep alone, but the boy developed sleeplessness and frequently complained of an inability to breathe. The attacks of difficult breathing were diagnosed as asthmatic and were referred to the original cardiac condition. During the asthmatic episodes, the boy developed the habit of wandering into his parents' room, for, as he said, "There is only one window in my room and there are three in yours." The visit to the parents' room usually resulted in his getting into the mother's bed and, this objective attained, he could sleep peacefully until morning. At school, because his mother felt that he should not be exposed to undue strain, he was privileged to leave the room without permission. She accompanied him each day to carry his books and met him at the gate at the end of each session. Normal play interests were denied, for there was some question of the effect upon the heart condition. Occasionally, he was challenged by some boy to fight or the fellows picked on him in line. Each time, however, he ducked and ran, and when the irritation got too great, his mother would visit the offender's mother, or, on occasions, she would administer a beating herself. She decried fighting, and the boy recalls that many times she said she would rather have her son dead than have him fight.

The boy's school progress was rapid because of the help which the mother gave him in the hours of effort that went into preparation. At fifteen he graduated from high school and a college career was planned. The summer after graduation, however, his father died and it was necessary that he go to

work. There was no chance to think of the inadequacy of preparation which his fifteen dependent years of experience had created for him. Never having had to face reality unprotected, he must now meet the pressure of a job and the competition of his fellows on his own, with no maternal protection. Never having had to face the display of authority, he must now conform and without questioning. His sensitive, shrinking efforts seemed to irritate his employer, and after a call down, his work became even less effective, the harshness of the criticism increased. The duration of each job grew shorter and shorter, until at the time the boy was brought for study, only temporary jobs were available. To each he made application as if it were his first employment, not only because the references from places from which he had been discharged were no good and the jobs from which he had run without notice could not be mentioned, but because he felt vaguely that the system of persecution was gradually becoming more complex, and on several occasions he felt that questions put to him by his prospective employer seemed to point to previous information about him.

It is not hard to see some of the cause-and-effect relationships in this lad's problems. The childhood filled with over-emphasized dependence, the prolonged infantile habits of gaining satisfaction, the over-protected atmosphere, and the boy's own attempts to hold on to the infantile patterns of behavior, even though he had reached adulthood on the physical and intellectual levels, suggest the complexity of the adjustment problems that a job in the competitive industrial world must have created for him. It is not difficult to see how, in his stormy course from one job to another, in contacts with irate employers and playful office boys, the lad frequently felt insecure and harassed and was conscious of a need to seek protection. Although he had never in the earlier years been permitted to fight, the wish to get even struggled to come through. The ineffectiveness of his punch on several occasions—with the painful results of a stiff beating from the other fellow—his sense of chagrin, and the never-ending guying, produced increased irritations. To lose his job meant no income for the family, since his mother was not well and his two sisters were married and busy with families of their

own. To fight was impossible. The brooding, his own feelings of hurt pride, and the constant pressure gradually effected the change that brought him for study as a mental case.

Treatment must first bring release from irritation on the job, and so an employer who could understand was found. The period of adjustment was stormy, punctuated with many "blow ups" from the boy. The fact that there were few employees and that he was responsible only to his employer made these outbreaks less destructive to him. On the social side, an attempt was made to tie him up with a group with whom he could compete successfully. A debating club interested in politics and world issues offered an outlet with a chance of success. He had won a medal at debating while in high school, so this step was fairly easy for him to take. It was in relation to the deeper emotional problems that most difficulties were found. The reason for this is obvious when we note the deep infantile attachment which never had been relinquished. To relate the details of the material that came to the surface, while most interesting, would be too time consuming, and at this point we are concerned with the results. The objective of treatment in all cases is to make possible the adjustment of the individual at a level simple enough in its demands to make successful adaptation possible. In all cases the rapidity of progress toward this objective will be determined by the capacity of the individual. However, at this point, we reflect that in treatment of this boy we are supplying him with opportunities for functioning in a protected environment; in other words, we are in the beginning assisting him to regain his sense of security in a setting where he is understood and has plenty of opportunity to succeed.

Whether cases of this nature manage to work out a program of adjustment for themselves which leads to a gradual relinquishing of infantile patterns of satisfaction is a matter of individual adaptation. The best road to mental health in adulthood is by means of sound integration of the physical, intellectual, and emotional growth in childhood. As Dr. White has so aptly said, "Childhood is the golden period for mental hygiene." The emotionally determined habit patterns of reaction may lead to continuous growth and emancipation

from the infantile level or may tend to foster, even into the period of adulthood, patterns of response that produce for the individual infantile security and protection.

By mental health in childhood we imply that the child be furnished opportunities for growth and development of his personality as a whole. It is not surprising, then, to find in our program of prevention more and more emphasis on the beginning period. To give each child the right to grow and develop within the limits of his own ability is the birthright of each new-born baby.

This period of babyhood, in which the child is dependent upon the grown-ups in his environment for care and protection, offers many opportunities for mishandling by the parent or nurse, who thinks of the child as having only certain physical needs apart from the emotional values which this kind of care is bound to promote. We are all familiar with the spoiled baby, who cries to get what he wants when he wants it.

If a physical problem appears on the horizon, as it is prone to in childhood, the emphasis of the parent is frequently directed towards the one objective—to get the child well again at all costs to herself. The child who gains a sense of satisfaction from holding the center of the stage is bound to find it hard to relinquish it after the physical difficulty has disappeared and is prone to continue tactics designed to renew the pleasurable experience. If the mother could but visualize the ramifications of emotional response that can develop sometimes with but slight provocations, and the essential destructiveness of the results for the child if these unhealthy patterns do get established, she would seek in her methods of care the same objective, but with a healthier emotional component for the child. This includes even the simple problems of everyday experience, such as weaning, the establishment of habits of eating, sleeping, defecation, urination, dressing, and undressing, self-reliance in all things, contacts with strangers, and the many other issues which are a part of each child's existence. An objective, friendly, uncritical attitude is the first prerequisite for putting into effect this schedule. Perhaps lack of understanding of the importance of such an attitude may make the task more difficult, or an inability on

the part of the grown-up, due to emotional limitations of her own, as was the case with the mother of a nine-year-old red-headed boy whose continuous "monkey actions", as the mother put it, drove her distracted, until finally it was necessary to "lick him just in order to get satisfaction for herself, because when she got so mad just to beat him good helped her to cool off".

It is difficult always to remember that these children are like sensitive pieces of litmus paper, strangely capable of sensing the emotional elements present in the parent, even though verbally unexpressed. The gradual ability of a child to dominate the situation and gain the satisfaction of ruling the mother, and incidentally the rest of his small world, is evident in Bob, aged four. He is the only child of a fond pair of parents and the only grandchild of two pairs of grandparents. His birth was normal and he nursed until he was three months old. At that time the mother developed influenza and was ill a week. Bob was given a formula. While he took the food, it was always with a struggle. In spite of the combined efforts of the family doctor, his aunt, the father, and two grandmothers, he would manage to fight and cry so, each time that an attempt was made to feed him, that he got away with taking less than the normal amount. The result was a rapid loss of weight until, by the time the mother recovered from her illness, he was seriously depleted. Because he was hungry he cried constantly, although when given food, he refused it. No wet nurse was available, so the mother gave up her entire day to caring for the boy. Holding him in her arms, she walked the floor or rocked him and, even though he fell asleep, the moment she attempted to put him down to rest herself, he wakened and would scream again. This performance kept up for two months. Finally, after he began to get other food products, he showed a gradual increase of weight, but his demands for his mother's presence still continued. He must always be where he could see her. Even at night, she must hold his hand until he slept. Because the mother did not stand the confining program well, the doctor felt that some relief had to be gained and began a course of bromide for the child. This bromide medication had been given continuously for two and one-half years before the child came for study.

The cause that precipitated reference to a psychiatrist is extremely interesting. Three weeks before the child was referred, he had begun to have what seemed to be night terrors. He would waken in the night screaming, attempting to push something away from him, and to all appearances was in a state of real terror. The only way the mother could quiet him—and, incidentally, keep the family from being evicted from the apartment house—was to take him into bed with her. He was not satisfied until he could get fixed in one position. His body had to be entirely upon hers, with his head buried in her neck, his arms crossed, his trunk resting upon her chest, and his legs doubled up, the knees in the pit of her stomach. In this position he would fall asleep, but, if in the relaxation of sleep, a leg or an arm would fall away, he would waken again in loud terror and scream for another hour or two. The mother, terrified for fear her child was becoming "crazy"—for a diagnosis of "nervous child" already had been made by the family doctor—was a very ready coöperator in treatment. Here, again, we see in the child's four years of emotional experience certain methods of gaining satisfaction that could not do otherwise than bring disaster sooner or later. The fact that the boy is only four and that these patterns are not so deeply fixed makes the process of adaptation simpler. When we look for the attention-getting devices this baby has worked out, we realize how complete his final gesture is: the wish to be mother's baby and to possess her completely is finally accomplished quite successfully in the night-terror episodes—and at this point it is not necessary to say that the boy wasn't the only one who was in terror.

To accomplish with this boy a willing acceptance of the weaning process at the age of four is more difficult than it would have been at three months. The more common advice of the pediatricians to include one bottle each day from birth is a wise safeguard to assist the mother in helping the child to accomplish this giving up of mother satisfaction. That there is emotional value for the child as well as for some mothers in the actual nursing experience is a recognized fact. It is possible in this child at three months to see to what degree he placed a value upon it. The fact that he was the first child and had held the center of the stage before this

experience complicated issues, no doubt. Certainly, the subsequent intensive care and the worry assisted him in gaining attention. From his birth he had furnished the axis about which the life of his family revolved. It is not surprising that a complete kind of satisfaction of this sort could not be relinquished without a struggle.

The program of treatment in children of this age is best carried on through the education of the parents. Bob's mother, like most other mothers as emotionally tied as she, found some of the plans far from easy of execution. Perhaps if she had not been afraid of the possible seriousness of continued night terrors, her coöperation might not have been so good. It was pointed out to her, first, that she must help the boy free himself from his dependence upon her. This could be accomplished only by her willingness to let him grow up, which, she admitted, wasn't easy. To help him find satisfaction in feeding himself, dressing and undressing, going out with his father, thinking of himself as a big boy, doing things because he was a man instead of mother's baby, attaining the dignity of being called Bob instead of "Baby", going to bed without holding mother's hand until he fell asleep, and so forth—these are some of the many patterns of reconstruction used, each in itself having little value, except that the handling which the mother and other members of the family gave it tended to wean him from infantile satisfactions to the point where he could place positive emotional values on the growing-up experience. To accomplish a completely healthy integration requires time. But, from the day the mother changed her own method of handling, the boy began to improve. For the past six months there has been but one attack of terrors which was slighter than the rest and which occurred two days after the first visit; he has taken no bromide or other medication, sleeps in a room by himself, dresses and feeds himself, and this last month has become a happy member of a nursery-school group. These facts, surely, suggest that he is gaining some satisfaction from growing up.

The readiness of response to wise handling in the early years is obvious, and the possibilities for building wisely for the future, if healthy programs are created, is assured.

The subject of mental health in childhood is a big one, for,

even in this process of growing-up, so-called, there are many problems of adjustment involved. The cases cited in some detail suggest a few of the many pitfalls that we must guard against.

If we recognize that every experience of a child, as of an adult, has for him an emotional or feeling value, we shall see at once that each new contact, whether it be simple or complex, has for him a positive and satisfying or a negative and unsatisfying value. Whether these feeling responses are satisfying or unsatisfying, constructive or destructive, is determined by the needs and wishes of the individual, although the emotional determinants are admittedly not always consciously present in his mind.

To determine whether or not the satisfying experiences are constructive—in other words, whether the resulting response leads towards a gradual growth of maturity and integration for the individual—or whether they are positive and yet destructive—this should be our greatest concern. By regressive tendencies we mean those reactions to any given experience or group of experiences which tend to foster continued dependence—the clinging to infantile attachments—and in the main are more regressive in their value than progressive. Prolongation of infantile dependence in the many ways in which a child is prone to accomplish it not only interferes with normal growth and emancipation during the childhood period, but is prone to be carried over into the problems of adult life.

The many factors involved in the life experience of the child offer us fertile fields of study—the mother-child relationship with all of its manifold issues of dependency, habit formation, and growth; the father-child problems in which the child must establish an adjustment to the paternal source of authority; the parental-child relationship with its irritations, jealousies, and the like, which must be met; the problems of parental relationship with other brothers and sisters, with their competitions, jealousies, and struggles; the school adjustment with its responsibilities of social contact and educational effort; and the hundreds of other problems in the daily schedule of the growing child.

As was implied, the attitudes and patterns of behavior on

any occasion or in general are determined by the emotionally colored experiences which have played their part, from the time life began, in the creating of the fabric of personality. The healthy growth of the personality is accomplished only when the daily handling which the child receives in his environmental setting and his own personal reaction to this handling each day lead to a progressive weaving together into a complete and mature whole of his experiences, physical, intellectual, and emotional. The sum of all these experiences, worked into a pattern of increasing complexity and richness as days multiply into months and years, leads toward a state of normal mental health which should be the privilege accorded each and every child.

It is only when an appreciation of the values of mental health in childhood becomes more widely disseminated among physicians, parents, and educators in general that we can hope to broaden the scope of preventive mental hygiene.

THE SIGNIFICANCE OF PSYCHO-ANALYSIS FOR SOCIAL LIFE *

OTTO RANK

Vienna

IF it were still necessary to prove that psychoanalysis is essentially a normal psychology, although it started in a medical field, was formulated by a doctor, and was developed from pathological material and by therapeutic means, then the proof would be found in the effect it has on the public. It would not have been possible for a medical doctrine or for its application to attract and hold the interest of such a wide public—or, as the doctors say, of the laity—as from the very beginning has been attracted by psychoanalysis. Even the demand for psychoanalytic therapy proceeds to-day, at least in Europe, much more from patients who have heard something of psychoanalysis than from the doctors, who in general combat everything that cannot be grasped from a physical angle. Psychoanalysis is too contradictory of much that they have learned, such as their physiological instruction, their materialistic thinking. Furthermore, psychoanalysis is difficult to learn, because in the first place, it can offer no simple formula of application as can the majority of the special branches of medicine, and in the second place, there are no real schools for psychoanalytic instruction.

So it happened that for the most part only those people became psychoanalysts who themselves had had recourse to psychoanalysis as a therapeutic remedy and by so doing had learned to recognize and appreciate its value. This naturally had its disadvantages. Among these persons were some who were not sufficiently educated to use psychoanalysis therapeutically. On the other hand, the specially trained neurologists and psychiatrists were mostly opposed to a testing of the results of psychoanalysis and so could not be expected

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to understand it and make practical use of it in their own therapeutic field. To-day the situation is that nearly as many non-medical people as medical are using psychoanalysis therapeutically. Freud himself has declared that he has found among non-medical people some of his most intelligent and efficient disciples and pupils. And as the neuroses are more analogous to arrest in development than to disease, in the purely medical sense, the psychoanalyst's task is rather to be compared to that of an educator or a priest than to that of a doctor.

In the beginning only chance comers were analyzed, and these persons were frequently not entirely satisfactory as analysts, because some of them lacked sufficient preparatory education. So a better selection and a more systematic training took place in the advancing development and spread of analysis. The demand for analytic schools that arose in the movement itself was met halfway, so to speak, by an outside factor. This urged that the analytic therapy—which, because of the length of the treatment, was a luxury for only a few wealthy people—should be made practicable for general use. As a direct stimulus to this, the war came and brought to our attention the war neuroses. The war, as a mass experiment—although as such deeply to be regretted—for the first time brought the psychic nature of neurotic disorders before the very eyes of a number of doctors who till then had disbelieved in it. One must admit that the American and English doctors were the first to give recognition to this fact, whilst the continental doctors joined forces with them only later and after some delay. Freud at least was able to use this argument of the war neuroses at the Fifth International Psychoanalytic Congress held in Budapest in September, 1918, shortly before the collapse of the Central Powers. His discussion of these neuroses created such an impression that the military authorities present considered establishing stations for the psychical (naturally not exclusively psychoanalytical) treatment of war neurotics. This good intention unfortunately came too late. For in the meantime it became evident that the whole army and population of the Central Powers had had a nervous breakdown against whose violence every individual psychotherapy would have been powerless.

But the seed began to bear fruit some time later, when the effects of the collapse had somewhat subsided. At the beginning of the year 1921, the first psychoanalytic poliklinik was founded by private initiative in Berlin, and to-day, in the fourth year (1924) of its existence, has already shown good results. Last year the Vienna Psychoanalytic Association founded a psychoanalytic ambulatorium, on the same principle as the Berlin sister institution. With the foundation of these psychoanalytic institutions a new era began for psychoanalysis. Before that it had lived merely an isolated existence in the different *ortsgruppen* of the International Psychoanalytic Association, founded at Salzburg in 1908, which silently carried on the tradition of psychoanalysis and promoted the further expansion of its doctrine and therapy. In contrast to this, the psychoanalytic institutes have two important social tasks which go hand in hand and depend on each other. They must, first, like all similar clinical hospitals, make the advantages of the psychoanalytic therapy accessible to patients without means. The extent to which the population suffered severe psychical injury in the years during and after the war made important in itself an establishment of the institutes. These clinics from time to time have had between sixty and a hundred patients under analytic treatment at the same time. For this a staff of trained assistants and fellow workers was necessary, who must be instructed by the institute itself and whose nucleus was formed from members of the Psychoanalytic Association trained by long years of study and work. So the poliklinik, besides being an ambulatorium for treatment, became at the same time a school for psychoanalytic instruction, which indeed, with few exceptions, is officially excluded from universities. Recently a quite definite schedule and program of work have been arranged for the regulation of theoretical and practical instruction. And to-day these two institutes have at their disposal for teaching and for treatment a well-organized staff which has justified the highest hopes. We trust that soon similar institutions will spring up in other cities and countries, especially in America.

I should like to mention only one point in this connection, not specially interesting to us here, but showing the

peculiar position of psychoanalysis in regard to instruction also, and the difficulties with which one has to contend. In contrast to all other therapeutic methods, psychoanalysis, from its very nature, cannot be demonstrated on the patient himself. This is because the treatment not only requires the full expression of the most intimate thoughts and feelings of the patient, but also rests on the personal relation of the patient to the analyst, which is so sensitive that it would be disturbed immediately by the presence of a third person. There is, then, no other way to learn the psychoanalytic technique than on one's own person, or more correctly from one's own unconscious life. The student of analysis must himself submit to an analysis by a competently trained analyst in order to see how the technique is handled.

This method of instruction has certain advantages. First of all, it serves to free the student from certain inhibitions which would otherwise tend to defeat him in his efforts to use the analytic technique; in other words, it gives him insight into his own unconscious and also shows him the possibility of consciously controlling it. Secondly, he acquires a first-hand knowledge of the groundwork of psychoanalysis, which is necessary for its application to others and which could never be acquired from a purely theoretical study. Thirdly, but not least in importance, it shows in general, from the student's analysis, whether or not he himself is fitted to be an analyst—that is, whether he was attracted to the occupation of analysis only because of his neurotic tendencies, and whether he is in a position through analysis to overcome this motive and to acquire a real faculty for sublimation. At the same time an important practical selection takes place which essentially raises the standard of those to be admitted to the profession of analysts. Instead of the cure of a neurosis, with an exit into psychoanalysis, there now occurs a consciously aimed choice and training of would-be analysts on the basis of their own analyses.

On the other hand, the founding of the polikliniks serves as a stimulus to the attempt to adapt the psychoanalytic technique to mass application. These efforts have not as yet got beyond the trial stage, but I am sure that they will get a final impulse from the theoretical and technical sim-

plications that have been made possible by the conception of the importance of the birth trauma, and its repetition and overcoming in analytic treatment.¹ For the technical side, one must bear in mind that psychoanalysis was originally a method of investigation whose results psychotherapy will finally be able to use by applying the deepened understanding of the unconscious psychical processes and psychical mechanism to influencing patients in favorable ways. It appears then, according to Freud's own statement, that pure psychoanalysis is on the whole not to be applied as a therapeutic means, but to be combined in appropriate ways with other psychotherapeutic measures. The understanding of the transference mechanism will ever remain the essence of the analytic treatment. This transference mechanism contains in itself all the suggestive factors which the psychotherapist will have to use purposefully and consciously, instead of being led only by his instinct or intuition, which easily may be mistaken. Briefly put, I believe, then, that psychoanalysis will be able, after a long period of investigation, finally to go back again to a kind of Breuer-like hypnosis with katharsis. But only when we are in a position to use all the knowledge gained in the meantime not only to influence the patient suggestively, but also to free him from dependence on the doctor, which Breuer in his time was unable to do.

Whilst we, on the one hand, are devoting our efforts to evolving a shortened and simplified form of psychotherapy, so as to care for the rising generation of psychoanalytic workers, what we call the psychoanalytic movement, on the other hand, is spontaneously working for general progress. It cannot be a matter of indifference in the case of neuroses, whose healing rests on the making conscious of repressed unconscious strivings, in what measure and tempo the general enlightenment as to the causation and genesis of neuroses advances. To be sure we have recognized that knowledge alone does not help these patients. But it is just as certain that an exact knowledge of the cause of diseases, physical as well as psychical, puts us in a position to protect ourselves to a large extent from them. Psychoanalysis,

¹ See *Das Trauma der Geburt und Seine Bedeutung für Psychoanalyse*. By Dr. Otto Rank. Leipzig: Internationaler Psychoanalytischer Verlag, 1924.

because of its general psychological interest, has early succeeded in gaining the notice of a wide public and seems to have passed relatively quickly through the narrow therapeutic phase in favor of the prophylactic phase, which indeed is always the final aim of medical endeavors. It may interest you to learn that we have for many years noticed that the "*grande hysterie*", for example, which Charcot has seen and described so often, is less frequent, at least in private practice. Freud himself incidentally attributes this to the analytic work of enlightenment. But whether this may generally be the case or not, it is certain that we can detect a definite change in the practice of analysis which is largely due to a remarkable decrease of resistances to psychoanalysis itself. In the beginning, naturally enough, only the severest cases of neuroses, which had already gone through various other courses of treatment, came to analysis as a last resource, with the expectation that this also would be of little help to them. But in the last few years we have been receiving for treatment not only lighter cases, but also patients who have a certain amount of confidence in analysis from the beginning. This factor naturally, in such an eminently psychological treatment as analysis, cannot be quite a matter of indifference for the final result. Moreover to-day people seek analysis who really can show no definite symptoms at all, but suffer only from inhibitions, character deformities, and conflicts, from which it is relatively easy to free them before they develop real neuroses.

This change in the public's attitude towards analysis—one indeed to be welcomed from the point of view of social and mental hygiene—can surely be ascribed only to the work of enlightenment, which is just as important here as it is in any other field of social hygiene. Certainly a continuous and intensive work of enlightenment will be necessary, in this as in similar fields, before people will be consciously alive to the nature and severity of neurotic suffering as well as to the eminent social importance of its healing and uprooting. Finally there are here the same resistances at work as in the case of the contagious diseases of the present day, as, for instance, tuberculosis and syphilis, to which Freud has compared the severe forms of psychoneuroses in their

harmful effects on the individual and on society.—These factors of resistance are shame, on the one hand, and ignorance on the other.—Not only people in close contact with the patients, but even doctors themselves very seldom recognize the beginning of a neurosis, which, besides, from the Middle Ages up to the present day, bears the curse of being misunderstood—only with this difference: the punitive torture that was inflicted upon the neurotic in former times has changed into a medical torture of instruments, electricity, and the like, whilst the social condemnation remains the same. Neurotic patients are themselves ashamed of their suffering, which they vaguely imagine has something to do with their sexual life, and this reaction is intensified by the attitude of those who consider the neurosis as a feigned illness. This explains why, as a rule, the patients themselves, but not their relatives or doctors, have faith in the psychoanalytic treatment; they feel they will not be laughed at or mocked or punished, but will be treated with complete understanding. Till a few years ago, we not only had to fight against the patient's unconscious resistances, which will always remain inevitable, but we also had to face in every single case the resistances of the whole world as represented by the social environment and its ethical standards. To-day, however, this is somewhat changed. I am not referring here to the new type of case, now frequently encountered, in which the patient introduces himself not with a description of his symptoms, but with an analytic statement, as, for example, "I suffer from an Oedipus complex or a strong narcissism, etc."; or, if he is not so far enlightened, at least comes with a certain amount of faith in analysis, shown either in the general remark, "There must be something in it since one hears so much about it", or in the conviction that this method is for him the only possible and right one (a state of mind that one finds mostly in compulsion neurotics). The main thing in such cases is not so much the patient's knowledge as the fact that with it a kind of social authority is granted to the analyst without which no therapy can be effective. It means also that such patients will take the analyst's words seriously, without entering into a discussion of the theoretical foundation of analysis or demanding that the analyst prove each of his assertions.

But the general enlightenment of the public as to the great social importance of the psychoneuroses not only essentially furthers our therapeutic efforts in single cases, but also leads to consciously aimed prophylactic measures. From this we may expect that in the course of time there will be not only a gradual disappearance of present-day clinical forms of neuroses, but also a reorganization of our entire social life and a consequent improvement of our whole social system. The neuroses have proved themselves, as it were, diseases of the family life, the family life being the basis of our social organization. Especially the relation of the child to its parents and its brothers and sisters has proven to be a decisive factor in character formation and in attitude toward life—in the later choice of a profession, in political convictions or activities, and finally in the love life itself. This new insight into family relations and conditions, as well as the new understanding of their importance and bearing, compels us, under the influence of analysis, gradually to change our attitude to the sexual and love life, to marriage, to the family, and to the child.

What psychoanalysis has to say to-day about child education is indeed as yet of a negative or rather prophylactic nature, but is in no way to be underestimated on that account. From the study of neuroses, which represent an arrest in development of the sexual adjustment, we have learned what should be avoided in order to save the child, where possible, from a neurosis. Before everything, then, the child, from the first day of its life—yes, even before its birth—must be considered as a living being capable of taking in impressions and keeping them—but certainly not yet able to work off these impressions. On that account one must save the child from certain experiences that might have a traumatic effect on it. We must begin by enlightening parents as to the sexual hygiene of intercourse and pregnancy. The chief attention in the act of birth must be directed to the suffering of the child, which does not mean, of course, that the care of the mother need be neglected. In the first care of the infant we must begin at once to use the understanding that psychoanalysis has given us of the libidinal processes in the child, which manifest themselves after the birth trauma, espe-

cially in the weaning of the child from the mother's breast and in the first sexual trauma, already recognized in analysis under the names of Oedipus and castration complex. It is not a matter of preventing the child from acquiring the complexes, as one so often hears. The analysis of adults does not even pretend to remove complexes. In both cases it is a question of acquiring the complexes necessary for a purposeful adjustment—that is, for a correct attitude toward life.

The neurotic person does not suffer from the Oedipus complex, as again one so often hears, but from being unable to accomplish it completely; so in the analysis he must subsequently acquire it, as the child must be guided to a proper mastery of it. To save the child from shipwreck in this perhaps most difficult task of adjustment will be the chief aim of child education in the future.

At first these tasks of early infant education will fall to the lot of psychoanalytically trained nurses, since parents themselves will not obtain the necessary knowledge. To do this may perhaps be inconvenient for them, but at bottom this knowledge is easily acquired, indeed already exists, although in unscientific form, among the people. Its influence will reach far deeper, however, when parents themselves adjust their attitude toward each other correctly, as well as toward the child, because more effective than all conscious educational measures is the unconscious influencing of the child through the parents' example, by means of identification and ideal formation based on the libidinal transference to them. Naturally one cannot always expect perfect relations, yet present-day psychoanalytic knowledge already offers us the possibility of putting conscious enlightenment and mastery in the place of a futile, planless groping in the dark. Parents will learn especially not to suppress the child's libidinal utterances, but to seek to make them harmless by a natural acceptance of them. They will learn not to misunderstand the origin and meaning of the child's faults and not to intensify them by mockery or punishment. They will be able to awaken the child's slumbering gifts and talents and allow them to develop by removing opposing inhibitions and by means of a consciously aimed sublimation. In regard to the

sex enlightenment of the child, one must realize that the best way to bring this about is to avoid any sexual enlightenment at all! I mean by this one must be able to understand and to answer in the right way the direct and indirect questioning of the child, as one would any other questions the child asked; that is, one should not emphasize sexual problems as such, but should carry on sexual explanations gradually, and as obviously and naturally as possible, guided by the child's understanding and curiosity. There should be no definite period or scheme of sexual explanation at all; it should be only a natural part of the child's education and teaching. The first generation of understanding parents and educators had to be analytically enlightened by means of tiresome and long individual analyses, because they themselves needed it. But to-day, by means of literature, general lectures, special courses, and the poliklinik institutions, a wider sphere of influence is possible. This naturally must greatly hasten the process of analytic enlightenment, because it means that whole groups of society can be influenced at once. Centers of enlightenment of this kind are the presuppositions of every lasting influence because psychoanalytically enlightened individuals will have to battle against outside difficulties so long as those around them hold fast to the old prejudices and repressions and consider these individuals as somewhat asocial.

The care and education of children has arrived at a point where the practical application of psychoanalysis must be brought to bear upon it, and there from all appearances psychoanalysis will celebrate its social triumph. The later relations of human beings in life depend so decisively on the relations of the child in its narrow family circle, to the father, mother, brothers, and sisters. So, by the side of the individual love life, which reaches its highest point in the foundation of one's own family, there is also the socially important question of the choice of profession, a subject in which psychology has been showing a practical interest for some time and on which a new light has been thrown by psychoanalysis. Psychoanalysis is now in a position to supplement with material from the unconscious life the work that psycho-technique and vocational education have hitherto been trying to carry

on from the point of view of the conscious life only. Psychoanalysis has made intelligible to us the most important mechanisms for social adjustment—namely, identification and ideal formation in their relation to the parents or their substitutes. This mechanism explains, for example, not only the wide group that chooses the same profession as the father, but also some characteristic deviations, which may lead even to opposite extremes. A second important factor in the choice of vocation is sublimation, which is able to refine certain primitive impulses arising from erogenous zones or infantile objects and so make them not only compatible with the ego, but at the same time socially valuable. Understanding of the unconscious determinism of the apparently free choice of vocation may be called the social counterpart of the analytic concept of the rigorous determinism of the love choice in the Oedipus complex. And so analytic enlightenment enables us to mitigate mistakes in vocational choice also. These mistakes, or rather the results of them, we can best recognize in the human wrecks of all kinds, from the asocial up to the definitely pronounced criminal types. In this field also prophylaxis will have an enormous influence, in which child-welfare and social workers will cooperate with psychoanalytically trained doctors and educators. Antisocial human beings cannot always be cured by psychoanalysis alone, but they can be thoroughly understood by means of it. Psychological understanding of the criminal type began with the analytic study of certain patients whose antisocial or criminal inclinations led them to be analyzed before these impulses had become socially harmful. For instance, the study of kleptomaniacs has thrown an important light on the origin of the impulse to steal. Also, the analytic understanding of certain cravings for alcohol or drugs has contributed to the recognition of an essentially distinguishing trait of criminals. When we speak of a confirmed drunkard or a confirmed criminal, we emphasize instinctively the fact that the antisocial conduct is a matter of an irresistible compulsion, a compulsion which we can compare only to the neurotic compulsions; and we know that these can be removed by analysis. We can get some idea of the strength of these compulsions when we remember that the typical confirmed criminal is deterred

by no kind of punishment from the repetition of his deeds; the reason for this lies in the biologically rooted mechanism of the compulsion repetition which he uses in a wrong way and which can be socially directed. We are already sufficiently advanced to understand the psychology of a certain group of pronounced criminals, but at present the social means for applying the knowledge profitably are lacking. To-day we can at least diminish prophylactically the percentage of such persons, by providing favorable surroundings and possibilities for sublimation. On the other hand, one must not forget the type of criminal described by Freud, who commits his crime from an unconscious guilt feeling which desires to be punished. So the criminal often wants to be locked up because he gains unconsciously masochistic pleasure from it, as we know many children get pleasure from being beaten. The criminal's conscious motive, or rather rationalization, frequently is to gain a care-free existence from the state, symbolizing the mother. The real unconscious aim manifested in conduct that leads to being isolated and locked up in a cell points even more directly to the return to the womb. So, paradoxically, the criminal gains unconscious pleasure, while the authorities think that they are punishing him, and so he gets by delinquency the same gain as the neurotic who shuts himself away from social contact by his symptoms.

I hope you will not get the impression from my arguments, which have only tried to throw light on some social problems, that I expect from psychoanalysis a kind of ideal state after the manner of Plato's, which was more of a Utopia. But I really do not think that I have taken too broad a view or that I have proposed anything unattainable. On the contrary, I have attempted to start with what can be conceived as already on the way. I only wanted to show you how and where it is possible for each one of us to contribute something toward alleviating as far as possible the misery of individuals and so finally of society itself.

INSANITY AND CRIME*

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SINCE the famous McNaghten case in England in 1843 the concepts insanity and crime, which up to that time had remained fairly distinct, have become progressively more and more closely associated until now they are so entangled that it is sometimes difficult to separate them. Nevertheless, the problems presented by both insanity and crime are of such outstanding importance that clear thinking about them is very necessary, since clear thinking is the first essential for intelligent action. It is to this problem of insanity and crime, obscured by long association, that I invite your attention.

Since Professor Einstein's very important announcements, which have caught the imagination of the world and profoundly influenced its thinking, we have come to realize that we no longer live in a three-dimensional universe, but that our universe is four-dimensional, the fourth dimension being the dimension of time. To give a simple illustration, if I want to become acquainted with John Smith and know anything about him from personal contact with him, I naturally will have to seek him out, and it will not be enough for me to locate him in *space*, the place where he lives and can usually be found; if I wish to know him, I must call upon him at a *time* when he is there. It is the same with anything else about which I desire to know—I cannot know about it really without considering the dimension of time. We would, for example, know nothing about the appendix veriformis if we had not studied the history of its development in time. We could not possibly understand the meanings of customs, the traditions of the race, the ceremonials of institutions, or the study of life in all its numerous manifestations except through the study of the history of their several developments, their evo-

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lution. To study the meaning of crime and of insanity, we must pursue the same method, for unless we do know something of the historical development of these two concepts—unless we know the direction in which that development has been proceeding during the past—we cannot have any feeling of certainty as to what that direction may be in the future. By acquainting ourselves with the history of an existing situation, we are thereby acquainting ourselves with its factors and possibilities for the future.

The history of crime is really lost in the past. We do not know where the idea of crime began, except that we have assurance that certain things, in very early days, with primitive people—certain acts that differed from those generally accepted—were prohibited and were, therefore, taboo. If an individual member of a savage tribe offended in regard to something the entire group believed in, he was committing what we would call an antisocial act, and in many instances the offense was punished immediately. There was no such thing as a trial, and punishment was almost always death. Another group of offenses, which perhaps are of a little more interest from our point of view, were the offenses against persons, against the individual—acts that are now called torts instead of crimes. It is very interesting that in the development of the idea of crime many of these offenses against individuals have been transferred from the group of torts to the group of what we know as crimes.

It early became apparent—probably not consciously apparent, but apparent from the actions of the group—that the individual who had suffered some wrong from another individual could not be trusted to effect his own redress. So, very early in the history of antisocial conduct, the redress of personal wrongs was transferred to a special group which could be expected to carry out this matter of redress very much more intelligently than the person concerned, and very much more wisely for the welfare of the group as a whole.

Offenders in early times were taken into custody and kept in prisons rife with all sorts of disease, with all manner of infection and contagion, and persons accused of all sorts of crimes were kept together. In England any one who stole anything that was valued at two shillings or more was hung,

and he wasn't hung in the jail yard—he was hung on the street corner in the public square where every one could see the performance. And the people crowded the public square to witness the event. The whole affair was made a picnic. The hanging was made public because this manner of punishment was supposed to have a salutary effect upon the people, who would take warning from what they saw. However, nothing of the kind happened; it was made a gala affair instead. What happened during this atrocious state of affairs? It soon became apparent to the people that this was essentially vicious, and the trial juries corrected it very wisely, because the jurors were the judges of the facts in the case and they began very frequently to bring in a verdict that the value of the article stolen was less than two shillings, no matter what the article was. In other words, there was a beginning of a change of practice which was inaugurated by, I may say, an instinctive tendency in the human breast to exercise a certain element of sympathy for the unfortunate.

That tendency, which started in this simple way, has been going on, the number of crimes on the statute books that are technically punishable by death growing less and less, until to-day the crime of homicide is practically the only one left; and because of the waning tendency of jurors to find the culprit guilty and of judges to sentence him to death, this crime is less and less frequently so punished.

It is important to bear this history in mind. When people talk of crime waves, we often hear increasingly severe punishments suggested as a remedy. But if one remembers the history of the treatment of crime, it is evident that this suggestion would result merely in regression; we would be going back to what, because of our greater knowledge and developed humanitarianism, we have left behind. Evolution has been defined as a process that is irreversible. We can't go back; we may try, we may make a partial success, but it can't last long.

Another thing came along very shortly. The individuals who were punished began to be appreciated—some of them—for what they were. It began to be seen that certain crimes were committed by people obviously mad. A hundred and fifty years ago, "obviously mad" meant something. It meant that

the individual was raving, wild, and a man of that type was early recognized as an individual who ought not to be executed or seriously punished for any offense. When that realization came about, there entered upon the stage for the first time psychiatry and the recognition of the relation of mental disease to crime. And for the first time law began to take cognizance of the human material it had to deal with. Almost exclusively then, and largely now, the law has dealt with the *act* rather than with the *actor*. It has never been the method of the law to inquire into the spiritual, moral, or mental make-up of the individual. The "mad" man was recognized as a sort of irresponsible person first, and this gradually brought about the recognition of the make-up of the individual in relation to the crime committed, and affected the decision as to the way in which he should be disposed of or punished.

From that date to this there has been a long, complicated, and difficult history to understand; there has been more and more of an entry upon the stage of psychiatry, more and more interest in mental disease as a means of evaluating the individuals who committed these antisocial acts. The law in the main has not followed this development; the law in its formulation has stayed very much where it was a hundred or more years ago.

Now this history has been largely a history of the various tests that have been suggested and applied from time to time to determine the presence of insanity. There was an effort made on the part of the law to define what it called the "guilty mind", which meant, roughly translated, the harboring of a vicious impulse by a mind that was normally constituted or sane. We might think to-day that this was a contradiction in terms, but the law was trying to define a guilty mind and what constituted a disordered mind from its point of view. Now in undertaking to reach a practical decision as to what constitutes a disordered mind, we want to remember three individual concepts with which the law is constantly dealing and which are not only interesting, but very important. We have, to begin with, the concept of *responsibility*. The law undertook to say that the person who harbored a vicious or evil impulse and permitted himself to execute that impulse was responsible, but the person who according to the law

was "mad"—was "beside himself"—was not responsible. Roughly speaking, that meant that the individual who, because of mental disease, was not responsible was, by that same token, not guilty. When a defendant introduces a defense of insanity, he undertakes to prove his irresponsibility, because if he proves himself irresponsible, he proves his innocence. The result has been that we have the whole sordid picture of the court as a battle ground for determining a scientific issue.

Another concept is the concept of *guilt*, which assumes that the individual who committed the antisocial act, unless insane, is guilty, and the third concept is that if he is guilty, he is therefore *responsible* and ought to be punished, and it is the function of the criminal court to mete out that *punishment* which is supposed to be appropriate for the offense.

All these concepts of *responsibility*, *guilt*, and *punishment* are very ancient. They were formulated and laid down and crystallized in the language that we speak, in the form of words, many, many years ago, and by necessity they bring along with them out of that past much of the flavor that was associated with their meaning in those hygone days. So, when we speak now of crime and innocence and responsibility and punishment and use those terms without thinking of their possible significance in this twentieth century, we are of necessity carrying along the burden of medievalism with which those terms are laden.

It is upon the basis of these concepts that we are trying to formulate a series of punishments that presumably are to have a rehabilitating effect upon the public and the criminal. In primitive days, when a man stole, they cut off his hand; when he lied, they cut out his tongue. That was logical. When a man nowadays steals fifty dollars, "How long should he be imprisoned?" is the question that confronts us. How can we tell what would be the logical limit, any more than the doctor who is asked how long his patient will be ill and whether he will live or die? The patient may be ill for a week or he may be disabled for months. There is equally no possibility of fixing in advance punishment suitable to a crime. So we are confronted with this situation—this strange mixture of medievalism and conservatism versus scientific

thinking which talk different languages, which are not understood one by the other, both of which are pounding away at the same problem, both seeking some kind of solution.

Now, from the standpoint of the psychiatrist, the solution, in its broad outlines, is not difficult to lay down. I am concerned with the type of solution that gets us on the right road, with a fairly clear idea of where we are heading. Then again, I have an abiding faith that ultimately we will get the knowledge we are seeking, and between now and ultimately we are at least on the right path to improving conditions.

The history of the development of these ideas, *responsibility*, *guilt*, and *punishment*—of the ideas of criminal law and the guilty mind—shows fairly clearly that at the bottom of the whole business there is man's desire for *vengeance*. When an individual is injured—when the group to which he belongs is injured—he wants to get even with the fellow who injured him, and perhaps one of the most significant things in the history of the development of the idea of crime is that it goes to prove that this is the correct idea of what lies back of these concepts. It is a very recent development in our practice of criminal law that connects the antisocial act with the individual who committed it. Ordinarily, at the present time, when something has been stolen or when somebody has killed some one else, the first thing we try to do is to find out who the guilty person is before undertaking punishment. That isn't the way our forbears went about the matter. If some one in one group was killed, some one else had to be killed in return, and it didn't make any difference who did the original killing. The group had created in its breast this desire for vengeance, which was put there because of a wrong that they had suffered, and they could get a sufficient expression for that desire for vengeance by killing anybody. At one stage of development they hung the fellow they got hold of first and tried him afterwards. Then they began to try to hang the fellow who did the wrong, and that is a very late idea in the whole scheme of things. So what really happened was that the people who had this feeling of vengeance found a way to satisfy it that was socially permissible. If you will go to-day to the hill countries where

the feuds exist, you will find that if there is a feud between the Smith and the Jones family, and a member of the Jones family kills a member of the Smith family, one of the Smith family must kill a member of the Jones family in return. It need not necessarily be the one who did the original killing; it is just a matter of killing a member of the offending group. Fundamentally, there is the idea of vengeance—the idea of revenge—and that is the way in which our ancestors, far back, used to try to get satisfaction.

Now coming back to the suggestion that I spoke of first—that what we ought to do is to punish more severely—I should like to question the meaning of such a suggestion. We have come a long way from the primitive expression of vengeance; we have gone forward on a humanitarian pathway to what, we believe, is better; and to go back to more harsh measures would only be an attempt to go backwards along the pathway of life, which cannot be done. However, it is a prescription that, if it were taken, would result in the unleashing of peoples' tendency toward revenge, which the whole progress of civilization has been trying so hard to keep in leash. All cultural development has been addressed to building fences around these instincts and keeping them confined, and when any one suggests that we go back to that early state of affairs, he is just advocating a prescription for tearing down the fences civilization has been building up. Fortunately this cannot be done.

The reason I direct attention to this trend is because if we waste time in talking about such impossible solutions, our eyes will be directed away from the possible solutions. Our energies ought to be turned into more useful channels.

How are we going to approach the problem? Historically, I have shown you how it had its origin in vengeance—how the very machinery is filled with archaic elements that bring into the present the flavor of the remote past. How necessary, therefore, it is to examine the tools with which we are now attempting to solve these problems, and how obvious it becomes that we are trying to solve twentieth-century problems with seventeenth- and eighteenth-century machinery. It can't be done. It is a fundamentally outstanding change that has taken place in the twentieth century that makes me say

that all this machinery is antiquated and no longer competent to serve twentieth-century needs, and this thing has happened within the last twenty-five years. You will find that the idea of relativity is seeping through every type of thinking. Nobody is any longer willing to accept as an absolute finality any decision from anybody. We have appreciated for the first time, more widely, more consciously than ever before, that we are living in a universe that never solves any problem permanently and everlastingly—a universe that is in a state of eternal, everlasting, continuous change and movement. Nothing said yesterday holds true to-day, and we do not expect that anything said to-day will hold true to-morrow. We have got to fit our solutions to the times.

During this time things have happened more definitely in the field of psychiatry than perhaps in any other field of medicine. Just as in the old days the criminal was considered an individual who had done something wrong, so in illness the matter was considered a purely private, individual affair. Take, for instance, smallpox. After some one has discovered that it is contagious, then when Mr. Smith and Mr. Jones have smallpox, it dawns upon people that it is no longer a private affair. The same thing has happened in psychiatry as in general medicine. Insanity and crime are matters that have enormous community and social interest. Crime has always been considered as largely an individual affair, from the point of view of guilt and punishment, and is still so considered to some degree. The question was, Is he guilty and responsible, and, if so, what is the punishment? We are no longer interested in guilt because our interest is no longer with the individual and we are not interested in punishment because we, psychiatrists, have evolved to the next stage of culture that transcends the individual—that is, the social stage. There is nothing more significant of psychiatry in the twentieth century than its social aspect; significant not to the individual, but to the social group and the responsibility of the social group for the individual.

We are interested in human behavior; we are interested in behavior that is disruptive of the social organism; we are interested in knowing what is going to be done about that behavior. We are interested in curing that behavior, and

making it an asset, if it can be made an asset to society, and if it can not, in protecting the group against its destructiveness. From that point of view, the problem is really very simple. Here we have an individual who is active in an antisocial manner. Now why indulge in arguments as to his guilt or responsibility? We should not be interested in criticizing. Our purpose should be a social purpose. Whether some one is going to act in an antisocial way, that is what we want to know—that is the problem the criminal puts before us.

There are two considerations to be kept in mind in solving this problem. In the first place, there is the protection of the group against the antisocial individual. The next thing to having that individual shut up is to study him and find out what sort of person he is. The complete understanding of the individual from the ground up, not only physically, physiologically, mentally, but his whole past history—individual, social, hereditary, the entire past—is essential. What is the use of all this? We want to solve this problem of crime; we want to study completely the individual involved. Our hope is to find out what sort of people are committing crimes and having found out what sort of people they are, to deal with them for what they are. Suppose, for instance, you have a patient with typhoid fever and a patient with a broken leg—would you give them both the same medicine? We want to find out what sort of people these antisocial individuals are and to deal with them accordingly. A certain portion of them will be hopeless so far as making them social assets goes. If they are going to be social liabilities, shall we let them out in six months or keep them locked up? We must learn to gather our material and prescribe accordingly. That sounds simple, but it has taken years and years to come to even such a simple solution, and I take it that the principal reason why we have not come to it before is that we have been tied to medieval methods of thinking by such words as "guilt" and "punishment".

The power of words that control our ways of thinking is stupendous. Millions of people were mobilized during the recent war by the meaning that was crowded into the single word "patriotism". So we have carried the burden of centuries on our backs because of words. One beneficent thing

that has happened as a result of the war is that we are now in a state of mind where we are psychologically oriented towards throwing aside tradition. While doing so, let us throw aside the bad ones—all of the bad traditions of violence and revenge and hate, which are included in the make-up of such words as "guilt" and "punishment"—and, taking a broader view of the social aspects of criminology, let us learn to gather antisocial material and deal with it for what it is.

Not long ago I was talking with a doctor who has had a great deal of experience in dealing with the problems of children, and I said to her, "I should like to get your reaction on this question. Do you think, with your knowledge of children, that it would be possible to sift out from the youngsters that you have to deal with under twenty years of age those who are potential criminals? You know, and I know, perfectly well that no man ever goes to the electric chair, or ever goes to prison for life, who hasn't been writing in letters four feet high, if we had but the sense to read them, that there was where he was heading. What is your reaction to picking out those youngsters before they have cut somebody's throat?" She answered that we could get lots of them and save them from becoming liabilities by handling them properly in early life. I know that we can get lots of them. Just think, isn't it stimulating to be able to get these fellows before they get to the electric chair and make them assets in society? The majority who have led a criminal life have begun crime as children. At the age of thirty the offender may become a murderer, for it is at that age that his crime is brought to light, that his criminal tendencies have become full grown. If he does not get to the electric chair until he is forty or fifty, that is because he wasn't caught earlier.

Now briefly, in closing, let me sum up the suggestions that grow out of what I have just said and that indicate the principles upon which psychiatry and criminology can function jointly and to mutual advantage.

In the first place, I believe that questions of guilt—using that term in its moral and theological implications—and personal responsibility should be laid aside in favor of the social concept of the social usefulness and assimilability of the

individual; that those individuals who are socially dangerous should be segregated, irrespective of what particular crime may have brought them to public notice; and that their segregation should continue not for a definite, prescribed period of time, but for so long as they continue to be a social menace. I would call your attention, in this connection, to recent legislation—I have in mind the state of Illinois—which provides for the commitment of feeble-minded persons with dangerous antisocial tendencies in appropriate institutions.

This program would involve the definite segregation of the so-called criminal and would be difficult to provide for unless it could be carried out on lines that would inspire public confidence. I have in mind, first, that our prisons need to evolve in the main in two directions. First, they should as far as possible eliminate all methods that have as their immediate objective the frustration of the prisoner and should substitute methods that give him as nearly as possible the means for reasonably adequate creative self-expression. This is development along the line of humanitarianism and rehabilitation. Second, the prisons need to become establishments animated by scientific curative and research ideals. They should aim ultimately to become laboratories for the study of human behavior and the means of its conditioning. If these reforms could be carried out, there would be no greater resistance on the part of the public to giving its acquiescence than there is now to the commitment of the insane to hospitals for the care and treatment of mental disease; and the net result would be that a very large proportion of unassimilable, irreclaimable, antisocial material would be permanently segregated in an environment that would not be repulsive, but, on the contrary, would offer opportunities for maximum individual development and its useful expression. There is nothing theoretically in the way of making our prisons huge workshops that would be economic assets to the several states.

Our existing legal machinery is quite incapable of dealing adequately with the question of crime because of the reasons I have given. The changes that need to be effected in this machinery would come about, according to my way of thinking, by following lines similar to those that have been developed in medicine—namely, the lines of education and

specialization. I believe that more attention should be paid in the colleges of law to the study of criminology in all its various ramifications, including its social and its scientific aspects; that students should be encouraged to specialize in this branch of the law; and that adequate postgraduate courses should be developed to this end. If this were done, it would naturally follow that judges would also come to be specialists in the application of the criminal law, and our criminal courts, instead of being battle grounds between the accused and the state, would become centers for the application of scientific treatment to social problems. This would involve also the taking of certain positions out of the realm of politics and filling them upon the basis of demonstrated ability grounded upon proper preparation. I have in mind more particularly the district attorney's office. The district attorney and his assistants should be trained criminologists with an understanding of the scientific principles involved in this department of science and with an understanding of the nature of the human material with which they have to deal and the possibilities that it presents for treatment in various ways.

I do not believe that there is any royal and easy road to the accomplishment of highly important social ends. In order to deal with crime as it exists in this twentieth century, the machinery that has grown up in the past must be modified upon the basis of careful analytical study and the bringing together of the best thought in all related fields. Psychiatry and criminology, in my opinion, make up the most valuable combination that can be suggested for effecting these ends.

SOME TRENDS IN THE DEVELOPMENT OF RELATIONSHIPS BETWEEN PSY- CHIATRY AND GENERAL SOCIAL CASE-WORK *

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FOR over two years it has been necessary for me to come into close contact with "general social case-work", in the process of developing those coöperative relationships with the organized social work of the community which are essential to the success of the program of the child-guidance clinic. In doing so, it has been necessary to understand, as well as an outsider may, what the social case-worker is doing and why, and what, if anything, psychiatry has to offer to her in her daily work. From this necessary study of the principles and practice of general case-work, and from experience in dealing with social case-workers on definite problems, have come certain conclusions which seem worth general discussion.

It is not easy to obtain a clear understanding of what is usually meant by social case-work, to grasp the interrelationships of the processes employed in case-work technique, and to see the whole field in its complicated professional relationships. Nevertheless, these points must be understood before an evaluation of the common factors in the fields of general social case-work and psychiatry can be made.

AIMS OF SOCIAL CASE-WORK

In her book, *What Is Social Case-Work?* Miss Richmond gives the following definition: "Social case-work consists of those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment." This definition is a standard one, and comprehends all others encountered. The

* Presented in outline form before the Section on Psychiatric Social Work of the American Association of Hospital Social Workers, Denver, June, 1925.

(first point stressed is personality development, which I take to mean the development of individual capacities and the building of individual character (or resistance), with the aim of fitting the person to withstand the stresses and strains of competitive social life. This must be done by individual adjustments consciously effected between the person and his social environment, which means that the problem must be approached not only from the standpoint of the individual, but also from that of the environment and its resources, with a view to utilizing every measure available for bringing about those adjustments which develop personality. As limiting factors in developing individual personality alone, the social worker could consider the needs of the family or of the social group to which the individual belongs or must conform.

A very important question here has to do with the origin of the need for developing personality or effecting adjustments between individual and environment. cursory survey indicates that *lack of adjustment within the individual* is perhaps the greatest single factor. We may express this lack of intra-personal adjustment in psychiatric terms, recognizing that mental diseases and defects, neuroses, psychopathic states and conflicts, and the like, are all evidences of lack of intra-personal adjustment and that they hinder the development of personality and produce difficulties in adjustment between individual and environment. For example, the annual report of The Associated Charities of Cleveland for 1924 divides 22,522 problems in 7,996 families into five groups as follows: physical and mental disability, 33 per cent (26.5 per cent physical, 6.5 per cent mental); personality maladjustment, 32.5 per cent; economic problems, 18 per cent; educational problems, 9 per cent; environmental problems, 7.5 per cent. Assuming that all instances of personality disorder (conflict, psychopathy, neurosis, defect, psychosis) are actually included in the proper group here and that none are improperly included, we have 39 per cent of intra-personal maladjustment in this one year's work. In Miss Richmond's Book, *Social Diagnosis*, it appears that over half the cases present problems in personal mental adjustment of all degrees of severity.

In all these cases of intra-personal maladjustment, this maladjustment must constitute a very definite limiting factor in the development of personality or in the effecting of adjustments between individual and environment, and it would apparently be the first problem that must be met in one way or another. One of the first needs is to separate the problems into those that can be met and those that cannot; another is to determine in which cases the direct (psychotherapeutic) attack is most effective, which should be approached by indirect methods (social-manipulative), and which are best attacked by a combination of both methods. In case-work technique, the social worker seems to me to have included both types of approach without, in general, recognizing that many features of the treatment are of the same type as the measures that the psychiatrist employs. Many social workers are exceptionally skilful in dealing with people. They seem to belong to the group which Dr. Williams has said "have an exquisite sensitiveness to living", and through *their feeling* for people and motives, they add greatly to their work and to the technique of their profession.

AIMS OF PSYCHIATRY

In his *Foundations of Psychiatry*, White views present-day psychiatry as "a method of approach which . . . sees in the mind, the personality make-up, the final expression of the total integration of the individual into an organic unity . . ." Elsewhere he speaks of it as "dealing essentially . . . with total reactions—that is, reactions of the individual as a whole, which is only another way of saying mental states . . ." Hence psychiatry is concerned with the development of personality.

The psychiatry of to-day is concerned essentially with the adjustment of the individual to himself and to his environment, so that full functioning of the entire individual may result. Interested primarily in the individual and in individual reactions, it nevertheless must take into account the complicated interplay of reactions between individual and environment, and finds it impossible to consider the living, reacting organism apart from the situations that produce or modify or are affected by the reactions of the individual.

Thus psychiatry is concerned with all the adjustments and maladjustments of the individual and their social effects. Persons come into the purview of the psychiatrist because of some disturbance in behavior (total reactions) which leads to a suspicion of mental maladjustment. The types of behavior disturbance and maladjustment vary greatly, from minor to major. The simplest types are those in which an emotional conflict or complex is producing difficulties in some field of reaction, even though most of the individual's behavior may be satisfactory and successful (the essentially normal). There are next the psychopathic and neurotic states, with their more elaborate mechanisms and more marked disturbances of behavior, usually requiring a more vigorous type of psychotherapy. Finally there are the defect and disease states, as they are usually termed, with their very marked mechanisms, organic or functional or both, which in general require a special (institutional) environment over rather long periods, with special forms of education (in the case of defectives) or a wide armamentarium of treatment measures (medicine, surgery, psychotherapy, *et al.*), the latter being especially the province of the physician. But in all the groups there is the same need for patient study of causes and for treatment of them by any methods that are available, whether these be direct or indirect.

The development of psychiatry to this point has been a relatively slow matter, but the great advances have come in the last fifteen years. It is during this period that all but two of the "psychopathic hospitals" have come into existence; that The National Committee for Mental Hygiene has been at work in its many fields; that hospitals for mental diseases have employed social workers; that special training for psychiatric social work has been established; that hospitals for mental diseases have established out-patient departments or clinics; that community mental-hygiene clinics of various sorts have been established; that psychology and psychiatry have joined techniques on many problems. Perhaps the greatest change has been in the formal point of view of psychiatry, developing as it has from a descriptive analysis of symptoms presented in disease states (the so-called "static" psychiatry) to an interpretive, mechanistic study of person-

ality maladjustment (the "dynamic" psychiatry) with an increasing emphasis on psychotherapy in its various forms, while not neglecting the need for sound organic therapy as a factor in producing stabilization of the personality and promoting its efficiency.

Apparently the greater number of psychiatrists will always be primarily concerned with the grosser deviations in personality adjustment, which demand institutional care, or the more difficult procedures in psychotherapy. But there can be no doubt of the trend toward carrying psychiatry more and more into the non-institutional field and so into contact with the less marked deviations, where treatment involves consideration of the capacity of the individual to withstand stresses and strains as related to the stresses and strains encountered. This should result in the prevention of grosser deviations by proper treatment of minor ones, and thus it represents, in the broad view, the general aim of mental hygiene.

RELATIONSHIPS BETWEEN THE TWO FIELDS.

The foregoing sketch of the aims in the two fields has attempted to show that there are problems and techniques common to both and problems and techniques peculiar to each. My contention is that when the social worker passes beyond "relief work" to "case-work", as it is ordinarily defined, she enters a field in which the mental-hygiene factor bulks large and in which she has need of the data and techniques of psychiatry. On the other hand, when the psychiatrist leaves the field of the gross personality deviations, he enters one in which he has need of the data and techniques of social case-work, so much so that the "psychiatric social worker" has been evolved. Any study of treatment plans shows that the social worker uses methods of influencing the client which might be called "psychiatric", especially when she varies her methods to meet the "peculiarities" of the individual; while the psychiatrist uses many measures ordinarily thought of as "social", such as changes of environment, recreation, and the like. It is *not* contended that either is necessarily the leader, but rather that, for certain types of problems, they constitute a unit working together for the

benefit of the client, each not only supplying special techniques, but contributing to a pooled or common technique as well. There is perhaps a further contention that the social worker would benefit in her work with many cases if she had more understanding of the mental-hygiene factors involved in such problems. If these contentions are adequately supported, the question becomes one of determining by what methods the relationship may be further developed to maximum advantage.

SUGGESTIONS FOR A PRACTICAL PROGRAM

Apparently the primary issue is the education of social workers. As a rule the social worker is exposed, during her training, to a course of from ten to twenty lectures on psychiatry and perhaps an equal number of lectures on psychology. These lectures are usually given, it would appear, by a busy professional person, well grounded in the subject, but all too frequently uncertain as to how far his material is adapted to the training or the needs of the group he is addressing. It is my increasing conviction that such series of lectures cost more in time and effort than they are worth in practical effect. Two factors enter into this—the small amount of time given up to them and the way in which the material is presented.

The latter factor seems to me the more important, though not much is to be expected until more time is given to psychology and psychiatry as related courses supplementing each other. Apparently most courses in psychiatry have been concerned with describing the symptoms, causes, and treatment of the *psychoses*, and the major portion of the time is devoted to this. It is clear that the social case-worker needs to learn the major indicator signs of gross mental disorder, in order that she may get her client into proper hands for treatment. But there is, as a rule, little that she can do in such treatment, and the concepts so gained are of value chiefly if she can, through them, acquire insight into less marked problems in mental adaptation, of which the grosser deviations are in some way exaggerations. For the most part, this type of teaching seems to give the social worker a few new terms for acrobatic vocabulation, and here and there certain pre-

viously puzzling problems in her experience are illuminated. But the final test of all such teaching is its applicability to concrete situations, and this seems to me, with increasing experience, increasingly doubtful. Further, the learning of a set of diagnostic terms is of doubtful value because of its effect in giving the social worker a sense of finality, so that the diagnostic term itself tends to prevent a real effort to penetrate to the background of the abnormal state expressed by it. Yet effective treatment can come only from an analysis of the mechanisms which, by their interplay, have produced the state for which the diagnosis is a label.

As a result of experience with several courses of such lectures, it seems to me that an entirely different approach is needed. While details of this are not yet clear, the last course given may be taken as a basis from which to work. In it, one-fifth of the time was devoted to the habits, complexes, and conflicts which, in normal people, interfere with their success; one-fifth to the psychopathic states; one-fifth to the neuroses; one-fifth to feeble-mindedness and epilepsy; and one-fifth to the psychoses. The approach to the whole field should be from the genetic standpoint; and, with sufficient time available, the formulation of mechanisms into specific psychopathological trends or deviations should be preceded by a detailed discussion of the normal integration of the personality, which would indicate the specific points of origin, both in time and function, of skew mechanisms. If the student is well grounded in this by the discussion method, with the use of ample illustrative material—particularly a careful searching out of mechanisms in the student herself—then she should have a real and effective understanding of the mental mechanisms of her clients and of ways of dealing with them. Under such conditions the amount of time spent on the formal groupings of psychiatric material may be greatly reduced without in any way impairing the worker's necessary grasp of such material.

It would seem desirable to have at least sixty hours of group work for such a course or courses. In addition, there should be from five to ten hours for the presentation by each worker of case material which she has analyzed from the point of view of the personality factors involved in the

production of the problem and the methods chosen to meet them.

I do not claim that such a cause as this would produce trained psychiatric case-workers; that is another problem. But I do believe that it would produce, on the average, general case-workers who are more effective. There are many problems for which neither psychiatry nor case-work has the answer, and no revolution or miracle is expected from any such scheme. But if the major factor in social case-work problems is the individual client, then social case-work needs all the understanding of personality and personality deviations that it can get from any source, and it is important that psychiatry be prepared to do its share in meeting this need.

THE CHILD FACTOR IN THE TEACHER-PUPIL RELATIONSHIP*

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THE AVERAGE pupil does not constitute a problem to the average teacher, but the atypical pupil brings with him many difficulties even for the specially trained teacher. School procedure aims primarily at the needs of the average pupil and meets his needs satisfactorily. The practice of pedagogy, however, has been enriched by its efforts to meet the recognized needs of the feeble-minded child and the child of superior intelligence; so we are justified in the belief that further enrichment will come from the study of other types of atypical children. After all, the average child shows all the tendencies that are manifested in an exaggerated form in the atypical child. It is a question of quantitative rather than of qualitative differences.¹

To understand the pupil when he comes to the teacher, it is necessary to know something of the child and of his experiences before he became a pupil. The child has developed definite methods of meeting situations before he begins school. His pre-school life has been largely taken up with the molding of his instinctive and emotional mechanisms. These have been modified by his daily contacts in the family. He has tried these mechanisms on his parents and on his brothers and sisters. As a result of these experiments, he has discarded many that have proven ineffective, and has become more adept in the use of those that he has found effective. Immediate satisfaction for himself, rather than social desirability, has been the determining factor in this sorting process.

The child goes to school because he is sent. As a rule he embarks upon this novel adventure with eagerness, but the

* Read before the Southwestern Educational Research and Guidance Association, Los Angeles, December, 1925.

¹ *The Normal Mind*, by William H. Burnham. New York: D. Appleton and Company, 1924.

fact remains that he is sent. It is the first laboratory in which he makes trial of the reaction tendencies developed in the home. He comes to school with well-defined attitudes toward other children, toward play, toward himself, and toward authority. He has loves, hates, and fears. He has thoughts and an individual personality. Yet none of these are permanently fixed, but can still be molded by a deft hand.¹ It is for these reasons that the teacher should have a broad understanding of the psychological make-up and mental mechanisms of the child.

One of the outstanding facts in the teacher-pupil relationship is that the teacher is a symbol of authority to the child. She is the all-knowing giver of knowledge, the assigner of tasks, the disciplinarian, and the sole arbiter of all disputes. In the school the authority of the parents has been transferred to the teacher, with all the feelings and attitudes which the child has learned to assume toward authority. This phenomenon is the source of many of the teacher's opportunities and many of her difficulties. Each child develops his methods of reacting to authority from his previous experiences.

Originally the child is helpless and dependent upon parental care and attention, but, with the growing consciousness of self, there develops an increasing desire to gain satisfaction by attaining his own ends. There develops not only a desire for satisfaction, but also for self-expression, for childish domination.¹ These impulses are among the strongest driving forces of the child's personality. They come into early conflict with the dictates of authority, whether in the person of the parent or of the teacher. They are explosive and may explode if too tightly compressed by the teacher's need for the maintenance of order. They may exhaust their strength in useless effort against this too unyielding bulwark. They may become a most useful instrument in the hands of an understanding teacher by providing the driving power for worth-while accomplishments. There are as many different reactions to authority as there are different children and different circumstances, from complete submission at one extreme to open rebellion at the other.

¹ *The Neurotic Constitution*, by Alfred Adler. Translated by Bernard Glueck and John E. Lind. New York: Moffat, Yard, and Company, 1917.

Some children fail to develop emotionally beyond the stage of infantile dependency upon the parent. When school age is reached, children of this type will depend upon the teacher for their every decision. In every act they will look for the teacher's attention and approval. Their primary desire is not to please the teacher, but to gain the attention that they crave. Their submission to authority is complete, almost groveling. They will make no effort without the most explicit directions. The teacher must carry the whole responsibility. They may try to attract the teacher by their ready compliance, solicitous manner, and over-friendly smile. If these methods fail, they may secure the teacher's interest by mysterious pains and aches, or by rambling talk about themselves, their families, or their pets. On the surface, they appear sympathetic and unselfish. At heart they are not generous, but are always trying to get more than their share by means of their sweet, submissive domination. Appearing hurt is their chief stock in trade.

Charles was such a boy. When asked how he liked school, he said, "Oh, I just love it! All the teachers are good to me." And, anxious to hold our attention, he went on, "Some of the teachers weren't interested in me last year. The teacher thought I bothered her too much, but I was a nice little boy. Mr. Jones, he has known Daddy for a long time and he pays special attention to me. The teachers? Ah, they're just fine! Each one seems better than the other one."

When asked how he got along with the children on the school grounds, he replied, "They call me names—'Four Eyes'. I don't want to say those other words. They say, 'Not worth a penny', 'Round nose', 'Crooked teeth'. And I gave him a good chasing for that and I don't like it. They call me 'sissy' and 'yellow baby', and I want to make friends with him. But some day they are going to get what they need. I don't want to be tough. Some day I may be a great man, and they'll want to come to me for help."

When Charles was asked if he were happy, his reply showed the secret of his troubles: "I'm happy most of the time. I'm happy for being a good boy and making my mother happy." Charles' attachment to his mother was of a dependent and infantile type.

Submission in a child may be due to other causes. Submission implies that the child has recognized his relative inferiority and has bowed to the inevitable. In the home, the child has been forced at some time to recognize his inferiority to the parent as to physical size, mental capacity, breadth of life experience, and power to punish. In some this inferiority finds expression in fear of parental authority. The child disciplined by slaps from an emotional and impulsive parent is apt to show this type of reaction. Fear of the parent may be transferred to the teacher. The common signs of fear are familiar to all, but fear may have indirect manifestations that may be misinterpreted. The child is usually ashamed of his fears, so that means of disguise are sought. An assumed boldness may successfully mask the underlying uneasiness from which he suffers. Fear is the great inhibitor. It tends to paralyze, not only the muscles, rooting us to the spot, but the thought processes as well. Bewilderment and mental confusion are generally accompanying phenomena.

When John was asked about his troubles at school, he said, "Once in a while, when I don't understand, I have trouble. I can't think what I want to say. I get nervous when I'm up before the whole class. I think I am going to make a mistake or something." John was always submissive and obedient at school, but his teacher considered him dull and stupid. A correct interpretation could be made only when his fear was understood. Questioning by the teacher produced confusion and failure of his thinking processes. As a result, he lost confidence in himself and came to believe, with the others, that he was stupid. We find him cringing, submissive, bewildered, and crushed in the presence of authority.

Fortunately for both pupil and teacher, the majority of children do not react to the pupil-teacher relationship in such an extreme manner. The adult seldom realizes the depth of feeling that is possible to the child. All of his reactions to authority are developed on a strong emotional basis. Some are activated by injury to self-esteem, others by fear, and others by anger. Some are used consciously, with full awareness of their purpose, but others have, from frequent use, become automatic habits of response.

Before discussing the opposite extreme, some of the other

reaction patterns developed in the child when confronted by authority should be considered. As the child's status in the home has been one of relative inferiority to the parents, his strategic reaction would be one of defense. The average child has developed a useful assortment of defense mechanisms by the time school age has been reached. Through these, many unpleasant stimuli and painful situations have been avoided. Correction or criticism is unpleasant to the child; it causes pain by lowering his self-regard.¹ A defensive attitude is assumed when his deeper feelings are touched. If he is suspected of some mischief, he may say, "What did you say?" or, assuming an innocent air, may ask, "Who? Me?" This gives him time to take his bearings, to judge of the mood of his accuser, and to prepare for the next question.

✓Excuses are a common defense. They are an attempt to give a reasonable explanation of failure, but to conceal the true causes that lie back of it. Such excuses are called rationalizations.² In this mechanism reason plays the traitor by helping the child to delude himself. Rationalized excuses serve two purposes. They preserve the self-regard from injury in case of fault and protect the child from the dictates of authority in case the fault is discovered. An excuse that is satisfactory and reasonable to the child is readily offered to some one else. To illustrate, Jack tells us, "I don't like arithmetic. It always gets my goat. Wednesdays I have to get corrective exercises, and she gives them problems, and when I come back, I don't get them and she blames me for it." Jack dislikes failure and has evolved a line of reasoning that places the responsibility for the failure on the teacher.

When Jack is asked why he ran away from home, he shows other methods of defense. "I don't run away from home some days." He does not answer the question directly, but answers a similar question which allows him to give a response more favorable to himself. His answer is irrelevant to the question asked. This method is frequently resorted to by a child on the defensive. Using a more advanced form of it,

¹ *An Introduction to Social Psychology*, by William McDougall. Boston: John W. Luce and Company, 1921.

² *The Psychology of Insanity*, by Bernard Hart, M.D. Third edition. New York: G. P. Putnam's Sons, 1919.

the child will make contradictory statements. This proves very confusing to the questioner.

There are several types of response that serve the purpose of defense and that can all be included in the term evasiveness. Some children become adept in completely ignoring questions, hoping that the next question may not require an answer so incriminating. Other children acquire a real art in changing the subject. In this way they avoid committing themselves. Even an intelligent adult is easily misled by such tactics.

The child learns very early to avoid stimuli and situations that he has found painful. If burned, his hand is withdrawn from the flame almost before he is aware of the pain. This movement is reflex in character and probably forms the basis for more complex reactions, such as withdrawing,¹ avoiding, and the flight reactions. In school, the cutting of classes and truancy are the common manifestations of this type of reaction. In a matter-of-fact way Fred told us, "I don't like cutting classes, but there's one teacher, he started out the term by giving me demerits when I didn't do anything. I had a scrap with him about it and only went to his classes two or three times after. I cut another class once because there was a test, and I didn't know anything about it. Another time I wanted an extra day to hand in a composition."

Complete flight from authority and from assigned and distasteful tasks is seen in some cases of truancy. It is generally associated with a strong feeling tone. When asked why he played hookey, Bert said, "I just like to be free. The work is kinda hard and they're making trouble for a fellow if he doesn't get his studies. They take him to the office and all that. I guess I worry more about school than anything else. It's just trouble all the time. If it ain't one thing, it's something else."

The use of the excuse, "I forgot", is probably the most common defense. Within certain limits, we remember the pleasant things in which we are interested and forget the uninteresting and unpleasant. In much of our forgetting we are not aware of the operation of this principle. We forget,

¹ *Social Psychology*, by Floyd H. Allport. Boston: Houghton Mifflin Company, 1924.

but are unwilling to admit any purposefulness in the process. In both children and adults this mechanism is in frequent operation. Some pretended forgetfulness is only an excuse. Asked how he liked his work at school, James told us, "I like arithmetic if it's not too hard, if you don't have to rack your brains to get it. I don't like to have to learn poems by heart at school. I forget them right away, so what good does it do to learn them?" This boy puts forth little effort and finds it unpleasant. He also brings his forgetting mechanism into operation and then uses his forgetting as an excuse for his inadequate effort.

Although all defense mechanisms are prompted by the emotions, there are some mechanisms in which the feeling tone so far predominates as almost to constitute the entire defense. Sensitive feelings can be effectively protected from injury by an assumed air of indifference, apathy, or boredom. Questioning can be discouraged by the indifferent reply, "I don't know, I don't know." Irritability may be used as a defense or to prevent further questioning. "I don't know, I don't know", spoken with increasing irritability will deter the questioner. An irritable, annoyed, or provoked tone is really a defense by threatening anger. It may be accompanied by "nervous" manifestations—twisting, restless, fidgety movements, or even the characteristic temper tantrum. Most so-called "nervousness" is defensive in purpose.

Blaming some one else automatically does away with the necessity of defending oneself; consequently it is a favorite method of defense. In the case of the pupil who blames the teacher, it approaches very closely to rebellion. Helen told us with vigor, "I didn't like my writing teacher. She's always getting after me for talking and not paying attention. If I didn't get my hand just right, she'd shove it over and mark my paper and then blame it onto me and give me five." Asked if she got a "kick" out of being bad, she said, "Sometimes I get a lot of kick, and sometimes I'm afraid. I'm afraid what will happen when I get caught." With Helen, fear is all that prevents open rebellion. She recognizes the spirit of conflict, and from it is deriving a satisfaction that should be obtained from her work. Her reaction is partly attack and partly defense.

Just as apathy and irritability may be used as defense mechanisms, so rebellion against authority may show itself by a mood. Surliness, sullenness, and stubbornness lend themselves to this interpretation. Neither words nor acts are necessary to show the antagonism. Refusal to comply is expressed by the mood alone.

Revolt against authority, if a habitual response, is a manifestation of serious egocentricity. Children who show this response are likely to make it whenever their desires are interfered with. They consider only their own feelings and desires. No idea or suggestion is acceptable to them that does not coincide with these. Situations are judged solely on the basis of self-gratification. The right to be a law unto themselves is taken for granted. Robert had told us he did not like to go to school. When asked why, he said, "'Cause I don't like it. I can't have no fun. The kids won't let me. If I come in late, the girls tell on me. I have to duck every time I see a teacher coming, 'cause they search me to see what I was doing. Mother thinks it's a nice school, but I think it's a razz.'" This was the boy's whole attitude toward life. He was out of step with everything and every one. On account of his continual effort to protect his over-sensitive feelings, he can never forget self. He has never known the pleasure of pleasing others.

Having indicated some of the ways in which the pupil may react to the teacher's authority, let us see what these various reactions have in common. First, the average child makes frequent use of many of these mechanisms. Second, they are seldom seen in a simple or unmixed form. Third, the greater their effectiveness, the surer they are to become life habits. Fourth, the reaction patterns are usually formed in the home during the pre-school period, but the teacher can modify them by intelligent treatment. Fifth, they are outward manifestations of deep and conflicting emotions in the child, occasioned by his inferior position. Sixth, they are efforts on the part of the child to compensate for this feeling of inferiority, and to protect himself from a further lowering of his self-esteem.

Can the study of exaggerated mental mechanisms found in atypical children contribute anything of value to the teacher's problem? It will help her to understand her most trying

pupils and suggest a technique for meeting this problem constructively and effectively. It will give her a better understanding of, a renewed interest in, and an added tolerance for all her pupils. It will help to bring a realization that, although each pupil is just one of forty or fifty, he is still an individual personality as well as a receptacle for knowledge. Mental hygiene has a real contribution to make to the teacher.

COMMUNITY ASPECTS OF CHILD GUIDANCE*

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EVERY child-guidance clinic has an individuality determined by its community; the common factors are familiar. The function of a child-guidance clinic has been defined as that of dealing with the personality and behavior problems of children as they arise in home, school, and community, and the distinguishing feature of a child-guidance clinic is the fact that its attack on such problems is fourfold, combining the professional methods of the physician, the psychologist, the psychiatrist, and the social worker. We talk also of the necessity for considering the whole child and not simply one phase of him. Unless we are careful, these may become catch-words of a trade. We use them so often that we run the risk of forgetting just what we mean by them. They have the glamour of sounding new and technical, whereas they express merely the familiar experience of all of us.

A child-guidance clinic actually does handle human nature in a slightly new way, but it is a late arrival on the scene and is dealing with a commodity that has puzzled and interested mankind since the beginning of time. Truly we know rather little about human beings when we consider the centuries that have been given to figuring them out and to learning to educate and direct them. They are more complicated than Einstein's theory and far more immediate and incessant problems. As a matter of fact, human nature is everybody's business and no one has ever been able to neglect it successfully, either in himself or in others. Parents have to reckon with it in their children, teachers encounter it in their pupils, and employers find it in their stores and factories. Governments and religions, schools and social agencies have all

*Read in part at the annual meeting of the Board of Directors of the Demonstration Child Guidance Clinic, Cleveland, Ohio, February 1, 1926.

resulted from the effort to bring it under control. They have their own special purposes, their own special methods, and their own traditions. They disagree and even work at cross purposes. But whatever their differences and deficiencies, they all handle human beings and must continue to handle them whether we have child-guidance clinics or not. Perhaps the most that the child-guidance clinic can claim as its contribution is the simplicity of its aim! It leaves to parents the job of raising children, to teachers the task of educating them, and to the church the problem of directing their spiritual lives. It recognizes that most of those who have to do with children have some special important purpose, while its major interest is limited to discovering what the child is and, through that discovery, to assisting others in doing their necessary job with him. Actually, each group finds itself blocked in its function by personality and behavior problems the source of which it is almost impossible to find. The teacher fails to teach a particular child because of some obscure and complicated difficulty in the home. Or the parents have trouble with him because they are preoccupied with the struggle for existence or handicapped by their ignorance of our language and customs, by ill-health or secret dissatisfaction with each other. Any single one of the succession of those who deal with the child in the course of his career has very small opportunity or power to handle those phases of his life which lie outside a special province. The result is that the average child remains a conundrum and that most of those who are responsible for him are thwarted because they never have a chance to see more than a fraction of him. Moving heaven and earth would be a simple feat compared with the problem the teacher faces in trying to straighten out those extra-school difficulties which make a child a nuisance in the classroom. As we see it, each agency in the community is forced to work more or less in the dark on problems controlled by situations beyond its reach. That is why the child-guidance clinic speaks of understanding the "whole" child. The attempt to do so is costly, for it involves exploring his entire universe. Probably it would not be worth while if we did not also attempt to convey what we know of the child's whole life to those who deal with each fraction

of it, so that they can see their own problem more clearly, work together with the rest of the community in a coördinated way, and formulate new methods in the light of a better understanding of the material with which they are working.

Child-guidance-clinic work has always excited an enormous amount of interest and has occasionally been the victim of the very publicity it so readily receives. To many people it has revealed a revolutionary point of view and the thrill of this has made them expect miracles. Revolutions never work out as easily or as quickly as we might hope. The source of the thrill is in the rediscovery of the child by those who have always seen him through adult eyes. The average child is an alien in our midst. We cherish the illusion that we understand children because we have all been children ourselves, but there are few adults who do not subscribe to the common myths about childhood. Most of us embalm our childhood in jokes or sentimental recollections of that period as the golden age. It is a shock to discover what the average child thinks and feels and to realize the discrepancy between his needs and our approved methods for meeting them. The implications of this new view of him as a developing individual can be appreciated only by those whose task it is to establish more suitable conditions for him in the home, the school, and the community. This could not be done in the twinkling of an eye even if we adults were willing to surrender all our present habits and prejudices, since it involves modifications of the whole of the community's complex machinery and the development of new methods of child training, education, and the like. The utility of child-guidance-clinic work certainly cannot be demonstrated within a period of a few years, since it depends on a slow, but progressive integration of all those activities which affect the lives of children. In the last analysis a child-guidance clinic accomplishes its purpose only as it activates in parents, schools, and community agencies a greater understanding of the individual child and a more sensitive and flexible handling of him.

There are very good reasons for calling a child-guidance clinic an experiment, for starting it on a small scale and dwelling on its limitations as an isolated agency. In the first place, a child-guidance clinic is doing preventive work and

preventive work always seems an extravagance to a public that is heavily taxed by the expense of controlling crime, caring for the insane and the feeble-minded, and wiping out disease. *These* are problems that strike home, inspire fear in any one able to read a newspaper, and worry us all because we have nowhere succeeded as a community in dealing adequately with them. They take precedence in our minds because they are dramatic enough to occasion newspaper crusades, to interest political machines as party issues, and to raise a general hue and cry about emergency measures. They have to be provided for just as dangerous waste products have to be removed to keep the wheels turning. The institutions that care for them receive and should continue to receive first consideration, for they are questions of universal concern and individual protection. But just as in the case of tuberculosis, treatment of the disease first began with recognition of such final symptoms as a sepulchral cough, emaciation, and hemorrhages and then advanced until prevention became part of the general hygiene of the whole community, so we feel that psychiatric work with the early difficulties of children will gradually relieve us from the human wreckage which at present impedes our progress.

I have not meant to indulge in prophecy. The work of a child-guidance clinic is slow and its development remains in the hands of the community as a whole. As a functioning agency, the clinic cannot afford a proud independence. Its life depends on its assimilation into the organized community. It must patiently build up relationships with groups whose heavy responsibilities have made for their isolation. To be effectual, the clinic must establish functional connections with such agencies as the schools, churches, case-working societies, courts, and institutions which deal with a thousand children to its one. It cannot now and probably never will operate on any wholesale basis. It can enter directly into the lives of only a limited number of children and for this reason will always be a relatively expensive agency. As a separate entity, it is at most only a small laboratory working with a few children, but working with them in a more comprehensive way than any other organization. Its justification lies in its capacity to give those interested in children a fuller picture

of all that children are, think, and feel, and in its ability to make them conscious of the whole child and the whole situation, since these so often elude the specialized agency. Intimate communication with other groups is a necessity for the clinic, because its methods of treatment are largely derived from allied fields and depend for their development on the clinic's knowledge of and coöperation with all those who share its interest in the problem individual. Treatment means working out with parents new methods of child training, with schools modifications of teaching practices to meet individual needs, with social agencies case-work techniques that will penetrate to the core of the difficulty. It can furnish other agencies new data and fresh points of view, but the value of these can be proved only as they are absorbed and applied. For the child-guidance clinic the question is one not only of giving, but of receiving. Its technique has developed only as it has better understood the purpose and methods of other agencies and has worked in sympathy with them. Its methods are composite and are frankly drawn from every available source. It has to learn the language of all the agencies that are an influence and convey to them a working knowledge not only of its purposes and methods, but of its dependence on them for coöperation in treatment. In the life of the community the clinic represents a service for the exchange of ideas and the evaluation of methods.

The child-guidance clinic has no final solutions to offer in the treatment of personality and behavior difficulties. This is true, of course, partly because child-guidance-clinic methods are derived from sciences which are still developing, and also because treatment actually depends on the coöperation of other agencies which are themselves in various stages of evolution. The child-guidance clinic has no magic formulæ and is not yet in a position to supplant parents, teachers, judges, and others who up to this date have felt some responsibility for leading the child in the way he should go. It is quite content to have them continue in their present rôles and is modestly interested in giving more power to them since its own effectiveness depends on the healthy growth of their functions and the possibility of their developing resources complementary to its own.

I am very suspicious of dramatic developments in the child-guidance field and believe that real progress is an intangible not to be weighed and measured. What has struck me as really the most substantial evidence of achievement is the spread of ideas derived from psychiatric work with children into the personal codes of intelligent parents; the interest of educators in applying to the problems of grading and curriculum insight drawn from the same source; the eagerness of social workers for whatever ideas they can get from clinical practice. This means that allied groups feel that they can accept and put to their own uses a point of view and a technique which otherwise might be limited to child-guidance-clinic cases. It also gives us reason to believe that whatever we have to offer will gradually penetrate to every recess of the community and in a truly preventive way modify those trial-and-error methods which are at present producing personality and behavior difficulties.

PSYCHIATRIC EXAMINATION OF A CHILD*

PREPARED BY THE DIVISION ON PREVENTION OF DELINQUENCY
OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

THE success of the examination will depend very largely on the child's reaction to the examiner and his notion of the examiner's attitude toward him. As children are frequently prejudiced or intimidated by what they have heard about the clinic and imagine that the psychiatrist is an arm of the law or an abettor of school or home discipline, it is well to ask in each case who the child thinks the psychiatrist is and what he thinks the clinic is going to do to him. A frank and friendly explanation of the clinic's interest will help to correct any defense reaction the child may have.

The psychiatrist should carefully guard against giving the child the impression that he is chiefly concerned about investigating his misbehavior or delinquencies. An attempt to make the child confess a series of faults to an utter stranger gives him a wrong idea of the clinic's purpose and tempts him to lie about matters he might freely discuss if he were attacked less directly. If the psychiatrist does not impose on him the burden of confessing, but takes for granted all the known aspects of the child's difficulties, the child is more apt to see that he is dealing not with a partisan, but with a friend who knows the worst about him and is still a friend. The main emphasis should be put on the real psychiatric issues of how the child feels about the conditions to which he does not adjust, what elements in the situation affect him most, what responsibility he assumes for his difficulties, and what he himself thinks would straighten out his entanglements. The experience of talking over his troubles with an adult who recognizes his point of view, who is not primarily

* The instructions given in this paper are merely suggestions for psychiatric study and are not exhaustive or final. The social history and the physical and psychological examinations should in each case furnish other important leads. The paper is reprinted from the *State Hospital Quarterly* (New York), August, 1926.

interested in the detection of guilt or the infliction of discipline, but who simply wants to help him out of his difficulties, has often an unexpected therapeutic effect and in any case gets the child's confidence.

The form of examination should be molded as much as possible to the peculiarities of the individual case. For this the social history should furnish a rough guide to the psychiatrist. In questioning the youngster he should not simply take another family history, but should first study the social history and in the light of that explore the child's attitude toward himself and his various reactions to the described family, school, and street situations. It is important to know how conscious the child is of his difficulties, what he considers to be his main troubles, where he puts responsibility, how he feels about his special weaknesses and failures, and what needs he is trying to satisfy by unwholesome behavior. Unless the social history is used to guide the child through the main patterns of the child's life, his responses will often miss the mark at which the examiner is aiming, for a child has little power of interpretation, often fails to make significant connections, and is seldom sufficiently oriented about himself to answer a mere questionnaire relevantly. A series of general questions, because they are not adapted to the individual's special experience, may make him feel that the psychiatrist is merely putting him through a routine inquisition, instead of discussing *his* problems with *him* from *his* point of view.

TOPICS OF EXAMINATION

One of the most important lines of inquiry is that into family relationships. The social history will have revealed some of the possible sore spots—a divided household involving a conflict in the child's loyalties; a step-parent of whose existence he is jealous or whose discipline he resents; a mother whose death or absence he cannot resign himself to; a parent whose severity makes the child feel that he is not loved; parents of whose bad habits or unethical behavior he may secretly be ashamed; brothers and sisters who are brighter or better adjusted or more popular than he; a younger child who has supplanted him; an older child who disciplines him; and so forth. Often there is no definite indication in the history

of an emotional involvement and only the existence of a provocative situation will give the psychiatrist a clue to the central difficulty with which the child is unsuccessfully coping. The psychiatrist, even in the course of examination of these family entanglements, is helping the child to see objectively relationships which he may never have discussed before and thus giving him a chance to express his feelings and to grasp the point of view of others in the family. The mental examination should reveal to the psychiatrist not only the distortions in the child's point of view which must be corrected, but also the harmful attitudes and exactions of the family which can be regarded as avoidable causes of the child's maladjustment. In this connection the psychiatrist should let the child feel that as much attention will be given his side of the story as has been given that of the adults.

School relationships are a second important field of study. Examination should touch all the subjective aspects of the child's school reactions—whether he likes school, when and for what reason he began to dislike it, what subjects he likes or dislikes, whether he likes or dislikes his teachers, whether he feels he is fairly treated, whether he feels he is responsible for his difficulties or blames his teachers and schoolmates, whether he appreciates his mental abilities or deficiencies, whether he is ashamed of his intellectual disabilities, whether he gets along with the other children or feels insignificant, inferior, or an outcast. If his attitudes are later to be corrected, it is important, in going over these points with him, to find out just how much insight he has, on what sensitive spots pressure could readily be relieved, and in what respects he is most accessible to readjustment. An incidental function of the examination is to help him see his school situation realistically, to get him to face the necessities of school adjustment, and to supply him with some notion of the reasons for demanding this adjustment of him.

In covering the routine topic of habits the psychiatrist should take the precaution of finding out whether the child has been shamed or frightened by adults anxious to cure him of enuresis, masturbation, or the like. It is worth while, when there is a history of such habits, to present casually to the

child a point of view free from moral condemnation and medical threats.

Inquiries should be made into the child's dream life, as his dreams often give us an insight into his desires, his fears, or his conflicts. The child's fear attitudes are important as well as his other emotional responses, whether of concrete punishing forces or such things as ghosts, and so forth.

The social history should again furnish the psychiatrist with an economical guide for investigating the child's interests and discovering what satisfaction they give him. This inquiry should throw light on the amount of recreation actually provided for him as well as the substitute satisfactions he has found for the lacks in his environment. His vocational ambitions are a related subject of great importance since they reveal not only the trend of his interests, but his estimate of himself and his possible ignorance of the realities.

The child's social relationships, his needs, abilities, and aspirations are another important phase of his problem which are best approached in a discussion of the social activities and companions described in the history. Is the child a leader or one of the led; does he feel inferior because he is physically weak, colored, Jewish, Italian (etc.), cowardly, poorly dressed, awkward, red-headed, or retarded? Is he called uncomplimentary nicknames and does he feel "picked on"? Does he feel unpopular and what makes him feel so? In this concrete connection some of his personality difficulties may be mentioned—his bad temper, failure in team play, love of limelight, habit of teasing or tormenting others—qualities revealed in the history and examination, but of whose existence he may not be aware in terms of their detrimental social effects.

The child's attitude toward the opposite sex and his sex knowledge and practices should be delicately investigated lest his interest be excited or his possible conflict deepened. Perhaps an approach to sex topics might be made while discussing the child's companions. He is often more willing to repeat "bad" words he has heard used, or to describe things he has seen others do or heard them tell about, than he is to discuss his own personal experiences. His manner and definiteness in reporting concerning his friends will give some indication as to how far his own knowledge and experience

extend. What does the boy think of his sisters, of girls in general, and so forth? When the child has engaged in sex activities or delinquencies, it is important to discover whether he has any emotional conflicts and whether he is aware of the social significance of his behavior.

In the case of other delinquencies, the psychiatrist's main effort should be directed toward keeping the child's confidence and of not allowing him to connect the psychiatrist with any fears of punishment. The child should realize that confession is not the chief objective of the examiner; that the latter already is fairly well acquainted with the facts and that his principal interest is a sympathetic inquiry into motives and provocations. However, if, according to the social history, the child will not admit his responsibility for the delinquencies under discussion, the psychiatrist should take care not to take any moot points for granted, but to receive information with judicial friendliness. The child's motives in the delinquency, his appreciation of its seriousness, his sense of responsibility, his possible shame or dare-devil pride, the physical and psychic needs he satisfies should be the important questions in the mind of the examiner.

In his summary, the psychiatrist can give briefly a tentative estimate of the child's motivating mechanisms, the degree of his insight, his resources for adjustment, and remediable difficulties in the environment.

OUTLINE FOR THE PSYCHIATRIC EXAMINATION OF A CHILD

Introductory statement:

The chief purpose of the psychiatric study is to obtain as intimate an understanding as possible of the child's own thoughts and feelings about himself and the various situations with which he is confronted. The aim should be to *grasp his point of view, to understand his attitudes*. The cues for discussion should be obtained from the social history, and the problems entered into in a friendly and sympathetic manner, with no indication of reproof. Embarrassment or reticence concerning any subject should be met by a matter-of-fact tone and manner on the part of the examiner. The following suggestions *will serve as a guide* for further questioning and study.

Play life and other interests:

(Interest analysis blanks will be helpful here and should be used unless used under psychological.)

Does he prefer to play by himself or with other children?

What type of play—active or passive games? Give details.

What other interests has he in addition to those usually considered play?

Is he a leader among his playmates?

Does he earn any money and what does he do with it?

What work does he do at home?

Dream life:

Of what does he dream? Tell dreams in detail, especially of home, school, fear, or other nature?

Does his dream life suggest dominance by emotional conflict or disturbance of any kind?

Does he daydream? What about? Any nightmares or sleep walking?

Fears and emotional conflicts:

Of what things is he afraid? Describe in detail origin, character, etc.

What is his attitude toward sex matters? Any repressions or conflicts associated with this field?

Are there indications of any feeling of inferiority with compensating mechanisms?

Attitude towards situations or persons, and enuresis, masturbation, stuttering, etc., if present?

Attitude toward body:

Any complaints? What? How long? Describe fully.

Ever faint or feel dizzy?

What is his attitude or interests towards his bodily functions and personal hygiene?

What are his habits in eating, sleeping, etc.?

Attitude toward school:

Does he believe that he gets along well or poorly in school and why?

Does this compare with the reports from the teacher?

Does he like school? If not, why?

What is his feeling toward his teachers? Classmates?

What are his scholastic ambitions?

Attitude toward companions:

Is he a "good scrapper"? How does he get along with companions?

Does he get angry with them? Does he feel that they tease him too much?

What does he think about his companions—that they are good or bad?

Has he learned bad words or bad habits from them?

Does he prefer companions of the same or opposite sex, and why?

What special chums? What do they talk about?

Attitude toward family situation:

Is he punished or teased much at home? Does he deserve it?

Does he like best his father or mother and why? Who is his favorite in family and why?

Does he feel that he or another child is the favorite?

What are his feelings towards his brothers and sisters?

Are there other relatives whom he particularly likes or dislikes?

Attitude toward misconduct or bad habits:

What has he to say about his difficulties?

Try to get him to work out the beginnings of his offenses, habits, etc., and give details as to his first experiences in lying, stealing, or sex experiences.

Is there anything in his life which serves to explain his bad conduct?

Is he defensive, honest, etc.?

Attitude during interview:

What special attitude or reactions during examinations?

Attitude toward examiner?

Is he self-conscious, ill at ease, restless, flighty?

Does he flush easily?

Is he boastful, "smart Alec," etc.?

Is he indifferent or apathetic?

Does he enter into the spirit of the occasion?

Note:

Certain cases will call for special inquiry into memory fields, orientation, etc., especially when related to organic processes and also where the question of consciousness is involved.

Peculiar ideas, delusional trends, phobias, and other unusual manifestations found as a result of social history or observation should be carefully followed up.

SOCIAL ADJUSTMENT OF MORON GIRLS

ELEANOR ROWLAND WEMBRIDGE

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FOR approximately half of the time since its founding ten years ago, the Women's Protective Association of Cleveland, Ohio, has operated its own mental clinic. It has given mental examinations to about 2,100 girls, their relatives, and friends, and since many of these examinations revealed more or less serious mental retardation, it has seemed desirable to study our successes and our failures with some of the mentally deficient cases, in order to learn what likelihood there is of our being able to establish any of them safely outside of institutions. Granted the great capacity for harm that the feeble-minded girl possesses, what, if any, seem to be her chances for social adjustment and creative work?

This paper does not aim to be a statistical report. Nevertheless, we give a few figures to show the background of our study. If the 2,100 cases examined are charted, there are found to be 918 with I.Q.'s of 80 and over, and 1,182 with I.Q.'s from 79 down. Of these, 565 have intelligence quotients under 70 and are considered feeble-minded, of all grades from high to low. This means, therefore, that 56 per cent of our work has been with the duller grade of girl, not advised by the board of education to attempt high school and finishing the grades only with the aid of "slow-moving" classes or "over-age groups". It means, further, that 26 per cent, or a quarter, of the work has been with cases who could not keep up with the regular grades by any device, but would have to be placed in special schools if their education were to be continued.

The reasons for which girls come to our organization are various, but they can be grouped roughly into the following classes. The delinquent types come or are sent to us for sex offenses, larcenies, incorrigibility, and running away. The non-delinquent types are brought, or come voluntarily, to get employment, because of family difficulties, and for advice,

often vocational in character. Of course these classifications, or any others that we might select, overlap, and most girls could be included under several, many under all of these headings. But in listing the 1,519 cases from 1923 through 1925 according to the special emergency that brought the girl to us, or the major feature in her problem as we saw it, the average intelligence quotients ran as follows:

<i>Number of cases</i>	<i>Reason for reference</i>	<i>Average I.Q.</i>
421	sex problem	74
193	runaway ..	78
258	larceny ..	79
210	family difficulty	79
247	employment ..	79
121	incorrigibility ..	80
64	vocational advice	90
<hr/> 1,519		

Although all our averages run low, and there is little difference among some of the groups, it is evident that those whose problem is mainly a sexual one tend to be at the lower end of the list, while the more active offenders average higher, and those who came voluntarily for advice register highest of all. The average I.Q. for all of the girls for the four and a half years during which we have been giving mental examinations is 77, and our experience, in line with that of the city board of education, is that the usual employment for girls of this grade of intelligence must be that of the factory, the restaurant, the kitchen, the laundry, the more routine types of office work, or the selling of the simpler commodities. This is our average. And what of those who fall below even these modest demands? What have we a right to expect of our 565 girls below 70, of our 193 below 60? What do we actually get, and what have we a right to hope for?

The practical situation in our city as regards the courts is that they are ready to commit people with an I.Q. below 70, and sometimes slightly above that figure, to a school for the feeble-minded, provided the parents or guardians will agree to such commitment and will institute no defensive lawsuit. However, because of the crowded condition of the schools for the feeble-minded, the selection of recruits is made first from those girls of low intelligence who have showed

marked delinquent tendencies, especially if they have had one or two illegitimate children. Even with the utmost coöperation of judges, therefore, there remains the large proportion of feeble-minded young people who must be permanently adjusted to society outside of an institution, or at least rendered harmless pending a possible future commitment. It is our experience, as it is that of many other organizations, that many can be so adjusted. The question is: How and when can it be done, and what is a fair prophecy of success in the future, or a proof of success when attained?

As to the statistical chances of success, the writer feels that she can hardly give an answer, because the statistics of any organization such as ours must necessarily be incomplete. We deal with a population much of which is floating both as to individuals and families. Absence of any specific information that our girl has failed to adjust cannot be fairly called success, and yet it is often exceedingly difficult to get adequate reports of final success or failure, because of the fact that the individual may have left the state or the county, or have buried herself in some remote district or foreign-language-speaking group in the city, from which expert detective work, for which we have no equipment, would be required to get accurate reports. The success or failure of many, therefore, must remain unknown until time or circumstances brings them again to view. Instead, therefore, of a statistical study, with a coefficient of probability which our figures scarcely warrant, we have taken for discussion 25 cases of girls, of various levels of feeble-mindedness, who have been, at least for the present, successfully adjusted to society, and 25 cases of girls of the same grades of intelligence who have not been so adjusted. We selected these cases from the files at random, discarding only those whom we have known too short a time to be sure that they had either succeeded or failed. In future years, there may be shifts from one group to the other in both directions, but wherever possible, we have selected cases of from three to four years standing, in which purely temporary success or failure would not weigh against more lasting results. Our idea of adjustment is indicated by the following rather modest demands: To be called a success, the girl must either be supporting herself or be supported

by some legitimate person; she must satisfy reasonable family and court requirements as to behavior, and must be in such physical condition that she is not a menace to public health. The non-adjusted cases are girls who refuse to be self-supporting or to get support from legitimate sources, whose behavior resists improvement, and who wilfully remain health menaces to society, unless forced to institutional care.

The object of this paper is not to prove how efficient our organization is in turning morons into useful citizens, but, on the contrary, by a study of a number of successes and an equal number of fairly obvious failures chosen at random, to analyze the conditions that prevail when we succeed in helping and when we apparently do not. An outline of the main facts in our 50 cases follows:

SUCCESSFUL ADJUSTMENTS

<i>Age</i>	<i>I.Q.</i>	<i>Circumstances</i>	<i>Outcome</i>
1. 17	69	Larceny. No sex problem.	Is paying back what she stole. Family sympathetic. Engaged to marry.
2. 15	69	Runaway. No sex problem.	Father has been frightened into good behavior. Employment in grocery.
3. 16	68	Runaway from scolding parents and employer. Attempted suicide. Immoral, but not promiscuous.	Housework job. Y. Club. Bank account.
4. 18	68	Family cruel. No sex problem.	Moved away from family. Hospital maid. Boarding home.
5. 18	67	Unsteady employment. No sex problem.	Laundry job.
6. 16	66	Family cruelty. Not immoral.	Married.
7. 16	66	Immoral promiscuously. Father a pervert; mother has good standards.	Married after two years at industrial school.
8. 16	63	Low-grade family who demand all girl's wages. No sex problem.	Factory job, supervision. Help with money affairs. Engaged to be married.
9. 16	63	Family unsympathetic; stepmother. No sex problem. Feels superior to family.	Works in store basement.
10. 21	63	Spinal curvature, birthmark. Immoral with one man. Has an illegitimate child.	Works in maternity hospital and keeps very pretty baby.
11. 20	61	Bigamy. Ignorant, but good-natured and a hard worker.	Two years in an institution. Now at large and respectably married third time.

<i>Age</i>	<i>I.Q.</i>	<i>Circumstances</i>	<i>Outcome</i>
12.	16	61. Forgery. No sex problem. Household drudge; no spending money; no finery.	Housework. Final arrangements with family to be that she has spending money. Is receiving training in how to shop and bank her money.
13.	16	61 Scotch immigrant. Irresponsible worker; silly with boys.	No proven immorality. Affiliated with Scotch people. Intensive training in accounts and banking. Buys return ticket to Scotland.
14.	19	60 Suffered sex assault as child; incest. No training in anything.	Trained in housework by relative. Lives in country. Married farmer.
15.	16	60 Prostitute in hotel six months. Gonorrhea.	Housework with kindly old couple. Starts bank account. Hospital treatment. Engaged to marry.
16.	21	59 Immoral with one man. Has illegitimate child.	Never promiscuous. Hard working in restaurant job. Very proud of child; supports him.
17.	17	59 Good-natured and silly with boys. Poor worker, and conspicuous in behavior. Slow.	Housework with non-exacting housekeeper and four children with whom she plays. Has young man friend.
18.	18	57 Promiscuously immoral with her father's employees.	Marries one of them and lives with very careful and prosperous parents.
19.	18	56 Ran away because father drank and took her wages. No sex problem.	Earns \$14 in woolen mill, and pays board at home. Helps support family.
20.	21	52 Awkward country girl. Has illegitimate child. Not promiscuous.	Marries paperhanger (I.Q. 63) and lives with his mother.
21.	16	51 Indiscreet and silly. Immoral, but not promiscuous. Attempted suicide.	Factory work. Lives at home. Probated to feeble-minded institution, but is allowed outside on good behavior.
22.	33	51 Accomplice in theft of bonds which she did not understand. Deserted husband and immoral with thief of bonds.	Housework job and saved money for divorce. Bank account. Ready to marry man when out of the penitentiary.
23.	17	50 Childish. Mother dead and she keeps house for father and sister. Very protected. Never immoral.	Marries a sailor and keeps house for him when in port.
24.	17	47 Forced to marry by family. Ran away with another man. Not promiscuous. Good-natured and a good worker.	Was helped to get a divorce and to become a waitress in hospital. Remarries respectable man.

<i>Age</i>	<i>I.Q.</i>	<i>Circumstances</i>	<i>Outcome</i>
25.	20	46	Bigamist, and her second marriage married a bigamist. No judgment in money affairs.
			Was helped to get a divorce. Now is kitchen assistant in school under close supervision of friendly teacher.

Average age, 18.

UNSUCCESSFUL ADJUSTMENTS

1.	21	72	Promiscuous sex delinquency. Father and mother the same. Trained to prostitution in childhood. Both venereal diseases.	Committed to feeble-minded institution.
2.	16	72	Prostitute. Older sister the same. Defended by weak, inefficient mother. Has an illegitimate child. Won't work.	Committed to women's reformatory.
3.	18	71	Country girl with foster parents. Has an illegitimate child. Claimed rape. No interest in child. May be neurotic case.	Ran away and deserted child.
4.	16	68	Stole from employer. Vagrant. Promiscuously immoral. Twice suicidal attempts by hanging. Father cruel. Neurotic type.	Committed to industrial school. Ran away and was recommitted.
5.	18	68	Promiscuously immoral. Both venereal diseases and refused treatments.	Committed to reformatory. Got out and has had one illegitimate pregnancy since.
6.	17	67	Runaway. Deceitful. Congenital syphilis. Mother a bigamist; left girl five years in institution.	Committed to feeble-minded institution.
7.	21	67	Charged to others' accounts. For two years was mistress of employer. Syphilis. Attempted blackmail on him.	Common prostitute.
8.	18	67	Began promiscuous immorality young. Gonorrhea. Won't work.	Left state, boasting of sex exploits.
9.	18	67	Promiscuously immoral. Assaulted by father at twelve years. Divorced from husband. Reinfectured with gonorrhea after cure.	Common prostitute.
10.	16	66	Started prostituting at fifteen. Very weak physically. Both venereal diseases. Has an illegitimate baby with syphilis.	Unable to work enough to support self or child. Committed to feeble-minded institution.
11.	14	66	Family of clannish bootlegging gypsies. Immoral at fifteen with older man. Lives in filthy shanty constantly raided by police. Gonorrhea.	Committed to girls' farm.
12.	12	66	Low-grade family. Surly. Won't work. Illegitimate baby by elderly one-armed man.	Committed to feeble-minded institution.

<i>Age</i>	<i>I.Q.</i>	<i>Circumstances</i>	<i>Outcome</i>	
13.	17	65	Truant. Immoral before fourteen years. Six years in orphanage. Mother immoral and father living with common-law wife. Poor physical condition.	Committed to feeble-minded institution.
14.	18	64	Promiscuously immoral with boys in home, permitted by mother, who was prostitute, and witnessed by younger sister. Two feeble-minded brothers. Bad health. Gonorrhea. Paternal parentage unknown by mother.	Committed to feeble-minded institution.
15.	20	64	Promiscuously immoral. Married and left man she knew one day. Lived with man who produced abortions on others. Proud of her exploits. Gonorrhea.	Common prostitute.
16.	23	63	Raised in orphanage. Sister adopted and she was not. Surly and lazy. Both venereal diseases, but refuses treatment.	Common prostitute.
17.	17	63	Reared in orphanages. Entered vaudeville at fifteen. Parents indifferent and won't have her at home. Both venereal diseases. Almost blind.	Committed to Pennsylvania institution and ran away.
18.	16	63	Promiscuously immoral. Illegitimate baby at fifteen years. Mother refuses to care for her.	Committed to feeble-minded institution.
19.	16	61	Promiscuously immoral before she was fourteen. Refuses to take it seriously. Family won't have her at home. Gonorrhea.	Committed to convent training school.
20.	26	56	Married at eighteen and again at twenty-two. No sex standards; always immoral. Second husband has I.Q. of 99, but is a neurotic, suspected of sex perversion, after fifteen years in navy.	Committed to feeble-minded institution after repeated vagrancy, immorality.
21.	18	56	Promiscuously immoral. No family feeling. Won't work. Conspicuous and silly behavior in public. Gonorrhea.	Committed to feeble-minded institution.
22.	19	56	Promiscuously immoral. Vagrant. Boasts of her behavior. Glass eye for infected eye. Gonorrhea.	Committed to feeble-minded institution.
23.	18	69	Parents drank and deserted her. Lived with father of illegitimate child, and then married man whom she later deserted. Vagrant. Gonorrhea.	Committed to feeble-minded institution.

<i>Age</i>	<i>I.Q.</i>	<i>Circumstances</i>	<i>Outcome</i>	
24.	25	47	Common prostitute. Raped when eight years old. Both venereal diseases. Six years in institution. Conspicuous immoral behavior.	Recommitted to institution.
25.	17	44	Promiscuously immoral; lazy; vagrant.	Commitment pending consent of family.

Average age, 18.

To summarize, of the 25 successfully adjusted girls, 9 presented no sex-delinquency problem; 16 had been sexually delinquent, but 10 of these not promiscuously. Two were known to have venereal disease (gonorrhea). Sixteen came from families with sufficient family feeling to coöperate with them and with us in helping them to adjust, and 9 were unable to coöperate with their families, but were able to adjust when living away from the family.

Of the 25 cases in which adjustment was unsuccessful, 1 presented no problem of sex delinquency; 4 had been sex delinquents, but promiscuity was not proved; and 20 had been promiscuous from their early teens or younger. Nineteen were known to have venereal disease—10 gonorrhea, 3 syphilis, and 6 both. Two had coöperative families; 4 had no family ties; and 19 had families as unadjusted as the girls themselves and wholly uncoöperative with them and with us, normal family feeling being completely lacking on both sides.

An analysis of these 50 cases seems to indicate that an early acquaintance with promiscuous sex relationships is the most serious drawback in rehabilitating moron girls. One unfortunate love affair a moron girl can apparently survive, as normal girls do. But the settled habit of sex promiscuity early established not only makes normal family relationships difficult later, but has perhaps a still more serious effect upon wage-earning life. It is a dangerous matter for any wage earner to become accustomed in early life to luxuries which his wages cannot legitimately afford, and it is very much harder for any one to lower a standard of living, once attained, than to remain on an economic level from which he has never risen. Even more than any direct satisfaction which these girls may get from their sex promiscuity is the standard of living, not based upon the earning of legitimate wages, which it entails. It means joy rides and shows, late nights in the

street and late mornings in bed, rather than steady work, early rising, and a good proportion of days and nights in which nothing very thrilling happens. Unless these girls can be early accustomed to simple pleasure and inexpensive amusements, they are likely to insist on having luxuries by the only possible means by which they can get them—that is, by prostitution.

Another obvious fact is that morons, like other people, are dependent on close family feeling. They depend upon their mothers' affection, their loyalty to their brothers and sisters, and some romantic feeling, however simple, with their sweethearts. If the usual family ties that keep any one's emotional life serene are denied them, they have no other outlets or substitutes, and are helplessly dependent on whatever their environments may offer.

Our conclusion is perhaps the obvious one—that the feeble-minded share the fundamental emotions with the normal, depend upon affectionate family ties, patient friends, and discipline during their adolescence, and must somehow learn to recognize the fact that luxuries that cannot be afforded must be foregone. With the low earning capacity which mental retardation entails, the moron must learn to do without the expensive dress, the joy rides, the leisure, the ornamental and luxurious devices, the fancy food, the vacations, the social prominence and expensive entertainment which she sees others enjoying. Moron girls, as well as normal ones, can supply these lacks to some extent by promiscuous sex life, and having done so in early life, before adequate sex inhibitions have been established, they are impatient of drudgery afterwards when sex laxity is so much easier and better paid. Moreover, their lack of imagination weakens such deterrents as social ambition, fear of disease, and desire for self-betterment, which may operate with girls of similar vicious training, but greater mental capacity.

In this connection it has been interesting to study the six promiscuously immoral girls who, despite the handicap of early sex habits and low mentality, have yet apparently made good. In every case it is apparent that some emotional need was gratified which made up to them for what they sacrificed in abandoning their lax habits. A. was from the country,

and had prostituted six months only, in the city. She was placed with a family of her own social level who regarded her as a daughter, were demonstrative in their affection, and taught her to save her money. They also provided a home where she could meet an honest sweetheart, and her own sister often invited her to her home and encouraged her in her new way of life. B. had a mother with good standards, although her father was pronounced a sex delinquent. The girl was pretty, and had nice manners and a certain social ambition, which, combined with excellent training at an industrial school, made her want to belong to her mother's rather than her father's social class, and caused her to appeal to a husband who was her superior in ability. C. had been slightly promiscuous, but largely from ignorance. She was of the hard-working domestic type, had never acquired luxurious tastes, and after reformatory training, she much preferred to exercise her housewifely talents and live with one man in a home to indulging further in vagrant habits which had never been her real choice. D. had never been proven immoral. She merely liked to romp and be childish and silly with any one she saw. Placement in an indulgent private home with noisy children seemed to satisfy her. E. and F. succeeded because, despite their lax habits, they had guardians intensely interested in them—E. her own parents, and F. a teacher—who were willing to spend time in overseeing them and keeping them out of trouble. Although not in institutions, their care was of the custodial type, with affection added.

It was noticeable that the promiscuous sex delinquents tended to be as lax in their codes of hygiene as of behavior, and despite venereal disease, were very stubborn against taking treatment. For this reason, if for no other, they were an active public menace. We might infer from an analysis of these fifty cases that when a moron girl has interested relatives or friends to care for her, and to protect her from premature sex life and from disease, and when they will cooperate in affectionate treatment, there is a good chance of successful placement even with serious mental retardation. Where depleted health is combined with vicious and indifferent family life, and the luxuries obtained through prostitution, as against hard work, have been too early a habit, our

chances of placement outside of an institution are very meager.

In closing, however, it can hardly be denied that success, no less than failure, has its dangers to society. Part of the emotional adjustment of the deficient, as of the normal girl, is courtship and marriage, and we find that our successful moron girls almost inevitably marry and have children. Her unsuccessful sisters in the institution are not breeding, but she is. Whereas there must always be a lower level of intelligence in any society—some must be the dullest, whatever the standard may be—the general social question remains: If the successful moron girl is mating with the moron boy who in turn is successful enough to support her, is the next generation better or worse off than if they had all been total failures and incarcerated for life before their family was born? The writer believes that if institutions were adequate, placement outside might be a doubtful gain unless the birth rate of those outside were checked. But granted the fact that institutions are nowhere adequate to admit all those on their waiting list, and granted that those outside, whether successful or failures, are breeding their kind in any case, there is little doubt that the sum total of human safety and contentment is increased by non-institutional training of moron youth in moderate habits, self-support, and family happiness before they have acquired a false standard of living which they have not the mental capacity to readjust.

EDUCATING THE DEPENDENT CHILD*

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FOR the past seven years, The Church Home Society, the child-caring agency of the Episcopal Church of Massachusetts, has been testing the intelligence of the children under its care and trying, during the latter part of that time, to shape its plans for their education, to some extent at least, according to the need of the individual child as indicated by the tests. It now seems time to study the results of that experiment, to see how far it has succeeded and whether practical conclusions can be drawn that will make the educational work of the society more satisfactory. One hundred cases have been selected for study. They are children of sixteen years or over who have left school while under our supervision or are still in school. Needless to say this is but a small number of the children who have passed in and out of our care during the seven years in question, but in order to have a sufficiently uniform group for study, it has been necessary to eliminate all whose complete school records at sixteen are not in our hands and whose school advantages have not been regular and similar. A few eligible cases have been omitted in order to keep the number at an even 100. The sixteen-year age has been made a condition of inclusion because it is now generally considered that "the development of native intelligence seems practically to cease not far from this age . . . It has been found that after fifteen or sixteen, the mental age increases little, if at all."¹ At sixteen, therefore, providing the school experience has been regular, it would seem that we ought, from the actual progress a child has

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¹ *The Intelligence of School Children*, by Lewis M. Terman. Boston: Houghton Mifflin Company, 1919. P. 129.

made, to be able to form some estimate as to how much farther he is likely to go. Prediction of school achievement with a reasonable degree of certainty has been found to be possible at a much earlier age, owing to the constancy of the I.Q., but since it is our aim to arrive at independent conclusions from the facts shown by our own cases, we must, for the moment, keep away from speculative considerations. The question of the constancy of the I.Q. will be touched later on in this paper. In addition to the foregoing criteria of inclusion, all cases must have had at least one psychometric examination by the Stanford-Binet scale, made by the same examiner. Many have had several examinations, and a few different examiners.

The cases were divided into two main groups—A, those considered to have high-school ability (I.Q. 90 and over), and B, those considered to have less than high-school ability (I.Q. less than 90). Each group was then subdivided into (I) those who graduated from high school, (II) those who did not, and (III) those who were still in school at the close of the school year, June, 1925. Those in the A group who did not graduate were studied to discover the most apparent reason for their not graduating, and those still in school in both the A and B groups were studied to see whether they fulfilled their I.Q. expectation.¹ The B group were analyzed for actual school achievement (in grade terms) and for the most apparent reason for leaving school. The table that follows summarizes our findings with regard to these 100 cases, showing for each the intelligence quotient, the chronological age, and the school achievement at time of leaving school. Where more than one psychometric examination was given, the average of the intelligence quotients is the one used. Cases are numbered for convenience of discussion in the text. Those marked by an asterisk will receive special mention. (G) and (B) designate girl and boy.

Before proceeding, I suppose one should take precautions against any reader's assuming that we hold the I.Q. a literally exact representation of intellectual capacity (for school attainment). Drawing a line at I.Q. 90 and saying that all above that line can do high-school work and all below cannot

¹ See Terman table, page 323.

is somewhat arbitrary and must not be interpreted too literally. Mental ability does not define itself so sharply. An I.Q. a point or two above or below 90 is more or less equivalent to 90; several points of difference, of course, tend to take on the character of a distinctly higher or lower quotient. For the sake of clear-cut analysis, such exact classifications serve a purpose, though in actual practice they must be used with common sense.

INTELLIGENCE QUOTIENT (STANFORD-BINET), CHRONOLOGICAL AGE, AND SCHOOL
ACHIEVEMENT OF 100 DEPENDENT CHILDREN NOW AGED 16 YEARS OR OVER

A. CASES CONSIDERED TO HAVE HIGH-SCHOOL ABILITY (I.Q. 90 OR OVER).

I. Graduated from high school **

	I.Q.	Chronological age	School achievement
*1. (G)	119	16 years, 5 months	Classical course
*2. (B)	115	18 years, 3 months	Technical course
3. (G)	115	16 years, 2 months	Classical course
4. (G)	113	16 years, 4 months	
5. (G)	104	17 years, 4 months	Technical course
6. (G)	101	17 years, 9 months	Classical course
7. (G)	99	18 years	
8. (G)	99	18 years, 5 months	Classical course
*9. (G)	99	17 years	Classical course
10. (G)	97	18 years, 11 months	
*11. (G)	97	19 years, 3 months	
12. (G)	96	18 years, 3 months	
13. (G)	96	18 years, 2 months	
*14. (B)	96	18 years, 8 months	
15. (G)	95	17 years	Scientific course
16. (G)	91	18 years, 9 months	Technical course
17. (G)	90	19 years, 9 months	

II. Not graduated from high school (with explanation).

a. Withdrawal due to poor school work (advised to leave).

*18. (B)	121	15 years, 2 months	Failed 1st high school (classical) 3d trial.
*19. (B)	102	16 years	Failed 1st high school, 2d trial.
*20. (B)	102	16 years, 11 months	Failed 2d high school
*21. (G)	100	16 years, 8 months	Failed 2d high school
*22. (B)	100	17 years	Failed 2d high school (classical).
*23. (G)	100	18 years	Failed 4th high school
*24. (B)	99	17 years, 5 months	Failed 2d high school
*25. (G)	91	15 years, 6 months	Failed 1st high school

** High-school course, where not otherwise designated, is commercial or vocational.

b. Withdrawal due to other causes.

Preferred trade school.

	<i>I.Q.</i>	<i>Chronological age</i>	<i>School achievement</i>
*26. (B)	97	18 years, 3 months	Graduated trade school
Preferred to go to work.			
*27. (G)	109	16 years	Completed 1st high school (classical).
*28. (G)	97	16 years	Completed 8th grade
*29. (B)	95	17 years, 8 months	Completed 3d high school.
*30. (B)	95	16 years, 10 months	Completed 3d high school, 2d trial.

Removed by parents to go to work (against advice).

*31. (G)	103	14 years, 7 months	Two months of 1st high school.
*32. (G)	114	15 years	Completed 1st high school (classical), 2d trial.
33. (G)	104	14 years	Two months of 1st high school.
34. (B)	95	18 years	Completed 1st high school.
35. (B)	94	15 years, 9 months	Three months of 1st high school.
36. (G)	94	18 years, 6 months	Two months of 1st high school.
37. (B)	91	17 years, 11 months	Two months of 4th high school.
*38. (B)	90	16 years, 8 months	Completed 8th grade. (Retarded by eye trouble.)
Ran away.			
*39. (G)	100	15 years, 9 months	Completed 8th grade. (Psychopathic.)
*40. (G)	91	18 years, 9 months	Completed 2d high school.

III. Still in school (June 1925).

41. (B)	112	16 years, 7 months	Completed 1st high school.
*42. (B)	107	16 years, 5 months	Failing 1st high school. Trade school.
*43. (B)	106	16 years, 3 months	Completed 1st high school.
44. (B)	98	16 years, 9 months	Completed 2d high school.
*45. (B)	100	18 years, 4 months	Completed 2d high school, 2d trial.
*46. (G)	96	16 years, 10 months	Completed 3d high school.
*47. (B)	93	16 years, 8 months	Failed 1st high school.
48. (B)	93	16 years, 5 months	Completed 2d high school.
*49. (G)	90	16 years, 10 months	Failed 3d high school.

B. CASES CONSIDERED TO HAVE LESS THAN HIGH-SCHOOL ABILITY (I.Q. UNDER 90).

I. Graduated from high school.

	I.Q.	Chronological age	School achievement
50. (G)	83	19 years, 4 months	
*51. (G)	83	18 years	
*52. (G)	80	18 years	
*53. (G)	80	20 years, 5 months	

II. Not graduated from high school.

a. Graduated from trade school.

*54. (B)	76	19 years, 5 months	
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b. Removed by parents to go to work.

*55. (B)	89	16 years, 7 months	Completed 8th grade.
*56. (B)	88	13 years	Completed 7th grade.
*57. (G)	80	15 years, 10 months	Completed 1st high school.
*58. (G)	79	14 years	Completed 5th grade, 2d trial.
*59. (G)	78	15 years	Completed 8th grade.
*60. (G)	75	15 years	Half through 6th grade.

c. Advised to leave for work or trade school (can't learn more).

61. (B)	87	16 years, 10 months	Completed 8th grade.
62. (B)	87	17 years, 10 months	Failed 1st high school.
*63. (G)	86	17 years, 11 months	Third high school, 2d trial.
*64. (B)	85	17 years, 7 months	Failed 2d high school.
65. (G)	85	15 years	Completed 8th grade.
*66. (B)	85	17 years, 7 months	Failed 2d high school.
67. (B)	85	14 years, 3 months	Failed 1st high school.
*68. (G)	85	18 years, 2 months	Failed 4th high school.
69. (B)	85	14 years	Failed 7th grade.
70. (G)	84	14 years	Completed 7th grade.
71. (G)	79	15 years, 3 months	Failed 7th grade, 2d trial.
72. (B)	81	16 years	Failed 1st high school.
73. (G)	80	16 years, 9 months	First high school (Jr. high-school honor).
74. (B)	80	16 years, 9 months	Completed 8th grade.
75. (G)	80	16 years, 7 months	Completed 8th grade.
76. (G)	80	15 years, 2 months	Failed 1st high school.
77. (G)	84	17 years, 8 months	Failed 1st high school.
78. (B)	80	15 years	Completed 8th grade.
79. (G)	80	15 years	Failed 8th grade.
80. (G)	78	17 years, 3 months	Failed 8th grade.
81. (G)	78	15 years	Failed 7th grade.
*82. (B)	78	16 years	Failed 4th grade.
83. (G)	75	13 years, 8 months	Completed 8th grade. Graduation refused.
*84. (G)	75	18 years, 1 month	Failed 3d high school.
85. (B)	72	15 years, 4 months	Completed 6th grade.
86. (B)	70	15 years, 10 months	Failed 7th grade.

	<i>I.Q.</i>	<i>Chronological age</i>	<i>School achievement</i>
*87. (B)	70	15 years, 2 months	Failed 1st high school.
88. (B)	63	15 years	Failed 5th grade.
89. (G)	61	16 years, 8 months	Completed 6th grade, 2d trial.
90. (B)	59	17 years, 4 months	Failed 7th grade, 2d trial.
d. Delinquent.			
*91. (G)	84	15 years	Eighth grade.
*92. (G)	71	18 years, 11 months	Failing 2d high school (C and F marks).
e. Psychopathic.			
*93. (B)	88	16 years	Failed 1st high school.
III. Still in school (June 1925).			
*94. (B)	89	18 years, 7 months	Completed 3d high school.
95. (G)	89	16 years, 2 months	Graduated grammar school; now in trade school.
96. (G)	82	15 years, 10 months	Completed 1st high school (C marks).
97. (G)	81	16 years, 8 months	Failing 1st high school. Trade school advised.
98. (G)	78	16 years	Failed 8th grade; now in trade school.
99. (B)	71	16 years, 7 months	Pre-vocational, ungraded. (Failed 5th grade at 14 years, 7 months. Hearing defect).
100. (G)	69	16 years, 9 months	Failing 7th grade. (Cardiac case).

For purposes of comparison and comment on these findings, the final mental age and the school-grade expectancy for the various I.Q.'s is quoted from Terman.¹ (I have taken the liberty of tabulating from the text.)

<i>I.Q.</i>	<i>Final mental age</i>	<i>Final school age</i>
60	9-10	Third or 4th at about 16 years.
70	11	Fifth or 6th by much repetition at about 16 years.
80	12½	Seventh. (May reach 8th or even 1st or 2d H. S. if in school long enough and promoted mechanically and sympathetically. Never able to do average high school with any degree of satisfaction.)
90	15	Eighth. (May graduate from high school if persistent.)

¹ *The Intelligence of School Children*, p. 129.

"In all probability the large majority of college students would in the grammar school have tested 100-130, with the median perhaps 115-120. Chances are remote that a child testing much below 90 will ever be able to satisfy the requirements for college graduation. Children who test below 100 should ordinarily not be encouraged to look forward to entrance to law, medicine, the ministry, engineering, teaching, or any other profession which demands a high degree of ability in abstract or conceptional thinking. Substantial success in such professions is probably achieved only by individuals above the 115 or 120 class."¹

To facilitate our analysis of school achievements, it may be well to call to mind the age-grade progression as commonly used in the public schools. On the supposition that the child enters the first grade at six and advances one grade each year, he should enter Grade 2 at seven, Grade 3 at eight, and so forth, entering high school at fourteen and completing about eighteen. Needless to say, this program must be interpreted approximately rather than exactly, since few children enter first grade on their sixth birthday.

On examination of Group A, we find that the I.Q.'s of the seventeen who completed high school are, in all but two cases, noticeably above 90, varying from 95 to 119. The fifteen with I.Q.'s of 95 or over, all except one (I.Q. 97), completed high school before the nineteenth year. The three who completed high school before the seventeenth year were of superior intelligence, with I.Q.'s of 113 or over. The only case of superior intelligence who took the usual time for high school is one of the two boys who break our otherwise solid record of graduating girls only, in the period of seven years. For him (Case No. 2) the very highest advantages were secured, but he lacked industry, interest, and ambition to study. Owing to his good native intelligence, he could not help graduating. He had expressed a mild desire for advanced technical education. The test indicated fitness, but he failed to pass the entrance examinations to the Massachusetts Institute of Technology. He was then urged into a liberal-arts college, failed in his second year, and was asked to leave, chiefly because his "Bolshevik" attitude had a bad

¹ *The Intelligence of School Children*, p. 282.

influence on other boys. He is now at work as a salesman and is making considerable success. This boy was a puzzle; nothing seemed to "get under his skin". He accepted everything offered and even demanded more, but made no effort to show appreciation or to make returns even by little courtesies in the foster home. Owing to his excellent intelligence rating and fine physical appearance, he was given favors and opportunities that no other child in our group had, indeed that few children of any social status have even in their own homes. He had, to be sure, an unfavorable heredity. His father, at one time an expert workman, became alcoholic, deserted his family, and disappeared; his mother, a fine woman, died of tuberculosis; one sister, a capable girl of splendid character, developed epilepsy in the early twenties; and another sister (Case No. 28) has been a persistent psychopathic sex delinquent. Early spoiling probably helps to explain this boy's poor showing. If more had been expected of him earlier, he might have responded. He is making his best record now that he is working for himself. Possibly the effort and the money expended on this boy will yet bear results.

The only other boy we have been able to "pull through" high school in the seven years is of quite another type (Case No. 14). His ambition and persistence in school have been unflagging. He worked in stores all through his high-school course, earning spending money and clothes. He appears a "sissy boy", and except for one runaway in the early grades, has given little or no trouble. He comes of very poor stock and social background, a fact difficult to reconcile with his social and financial ambition. He fixed his goal at the U. S. Naval Academy, but by tactful handling, was influenced to shift it to becoming manager of a five-and-ten-cent store, an ambition he seems in a fair way to realize, since he is already an assistant manager.

Of the fifteen girls who graduated from high school, much might be said. Many of them earned their board all through the high-school course. All dealt successfully with the painful emotional conflict that inevitably accompanies family breakdown and dependency. One was an illegitimate child, and only two had anything like a normal interest from a mother

or a father. They make a fine showing of achievement under difficulty. All but one have had, since completing high school, some advanced schooling. Five are now fitting themselves for teaching, one graduated from a state normal school at twenty, three hold responsible clerical positions, one is a textile designer, one graduated from Sargent School and is now a physical-education teacher, one was graduated from a nurses' training school of high standard, one is still in training, one is taking advanced musical training, and one is married.

Those in Group A who did not graduate from high school fall into two classes—those who actually failed and were asked to leave because of poor scholarship, and those who did not fail in scholarship, but were removed for the reasons noted. It will be seen that eight, out of a total of forty whose I.Q.'s afforded an expectation of high school, failed because of inability to do the work and fifteen failed for other reasons. It is a curious fact that among the eight who failed because of poor scholarship the highest I.Q. is well above any of those who graduated, and the average I.Q. of those who failed is 102 while the average of those who graduated is 95.

Two (Cases No. 23 and No. 24) of the eight who seemingly failed because of poor scholarship may actually be accounted for on the ground of incipient psychotic symptoms not recognized as such until after they had left school. Subsequently both were patients in state hospitals for the insane and diagnosed dementia precox. One of them is still in the hospital, the other remained two or three years and then was discharged as improved. She married after leaving our care at the age of twenty-one and disappeared. One of the high-school failures has the highest I.Q. of any in the study (Case No. 18). He failed the first year of Latin school on third trial at fifteen years, and was then refused another trial. His father was dead and his mother "pampered him", but his heredity, as far as we know, is much better than the average of the children in our study. He had entered high school at thirteen, but with his I.Q. (a mental age of approximately 16 years) it should not have been too early. He had no interest in school and would not study. His failure is probably explainable on the ground of lack of intellectual taste.

In the case of another boy (Case No. 20) with an I.Q. of

102 the failure is due probably to his having been pushed too rapidly. An adopted child, a foundling, and delinquent, he went from school and our care to his adopted parents and now works in a shoe factory. Case No. 21 (I.Q. 100), an attractive, mature-appearing girl, also had been advanced too rapidly for her ability. She was unhappy in foster homes. Unable to stimulate her to bring up her school work, we allowed her to leave second year high school at sixteen years, eight months, to enroll in a school for nursery maids, as a first step towards hospital training, for which she showed a desire and fitness. Cases No. 19 (I.Q. 102) and No. 22 (I.Q. 100) were lazy and indifferent to school; one was easy-going, the other grouchy and antagonistic. Case No. 19 seems steadily deteriorating since leaving school, is careless and dirty in appearance, unable to keep a job more than a few weeks, and suggests an incipient psychosis. Case No. 22, after failure in school, was sent to his father, a contractor in the Middle West, who easily secured him a job at \$4 a day. He has recently had a serious illness and a surgical operation. His overheavy body, general sluggishness, ravenous appetite, and other symptoms, suggested a glandular disturbance, but his school failure seemed related rather to "bad attitude" than to physical defect—perhaps they belonged to the same picture. His mother was insane, but his father a capable person. One brother (I.Q. 128) is still in school in our care; he shows excellent scholarship, but is too young to include in this study. Case No. 24 has a brother (Case No. 30), who left school because he preferred to, and a sister (Case No. 31), who was taken out of school against our advice. His failure is due probably to change of school and course, at the end of his first year, from a suburban to a stiff-standard city high school, but he also had a bad attitude—was unpopular with his mates and teachers, pronounced "yellow" and dishonest. He is now doing fairly well in a bank.

From the standpoint of the agency, at least, this group is probably the most baffling and significant of the study because of the time, money, and effort expended without visible result. In each case, the visitor labored unceasingly to clear up the school difficulty, as every visitor will, to keep a "bright child" in school. In certain cases tutoring was

secured, in others foster homes were changed, in two cases psychoanalysis was tried. In going back over the history of these cases, I cannot see that any remedial measure known to social case-work was omitted. Undoubtedly the roots of the maladjustment went back into early childhood. That it had any particular relation to heredity, I should be unwilling to say in view of the fact that the heredity of those who succeeded in school was equally poor. These cases emphasize the fact that a high I.Q. is not the only factor in school success. There must be also positive personality traits and favorable attitudes to back it up.

Of the fifteen whose failure to complete high school was due to causes other than inability to accomplish the work, little explanation is needed in addition to that already noted in the table. Strictly interpreted, they should not be regarded as high-school failures. Case No. 26, a boy with an I.Q. of 97, could easily have graduated from high school, but after two years he preferred a training in the sheet-metal trade. He is steady and industrious, without social graces or ambition, but of high character. His heredity is extremely poor. Case No. 54 (I.Q. 76) is his twin brother and Case. No. 9 (I.Q. 99), his sister.

The four cases who refused to continue, preferring to go to work, explain themselves. They became so dissatisfied with school and so anxious to be self-supporting that it was useless to try to keep them in school, although we made every effort to do so, since their scholarship warranted it. All but one (Case No. 28) are doing as well at the moment, apparently, as if they had completed high school. Case No. 28 has been a decided sex problem, before and after a hasty marriage which took place during the progress of an illegitimate pregnancy. She contracted syphilis and now has a child two years old, decidedly retarded in mental and physical development. She is a sister of Case No. 2, the boy who made so poor a record for his superior I.Q. and superior advantages. Case No. 30 (I.Q. 95) completed second year in commercial high school at fourteen years, ten months, was changed to a stiff-standard school for his third year, failed to pass, repeated, and completed third year high school at sixteen years, ten months. He ran away to Chicago during the sum-

mer vacation and got a job carrying trays in a Y. M. C. A. cafeteria, but was persuaded to return to us. On his own request, he was allowed to take a position while continuing his fourth-year-high-school work in evening school. He soon tired of this, ran away again, and joined the army aviation corps, where he is at the present time. This boy was active in athletics, socially popular, and a typical "Seventeen" of Booth Tarkington. His failure to complete high school is due partly to a too rapid school advancement (note mental age) and partly to a change from a high school to which he was devoted and in which he was quite an important figure to one in which he was a stranger to teachers and pupils and had to make entirely new contacts. The question of changing schools will be touched on later. Cases No. 27 and No. 29 were unhappy, troublesome, and restless and both ran away at least once while in school, but now hold good positions and are well adjusted. The school failure of both seems due to neurotic adolescent traits, linked with an active dependency complex.

The eight who were taken out of school by parents against advice also need little explanation. They were not failing in high school. In every case the child desired to continue, but was denied by parent or guardian. In these cases guardianship was not in the hands of our agency, except in Case No. 32, a girl with an I.Q. of 114, who desired to go to live with an aunt whom she had finally persuaded to take her. This we allowed on the understanding that the high-school course be completed. Soon, however, family difficulties made it necessary for the aunt to take her out of school to work. The same difficulties, connected with the husband of the aunt, made it necessary to bring the girl back to our own care. She had then lost so much time that it was thought unwise to return her to school. She is now a salesgirl in a high-class store and has had several promotions, but whether she will ultimately progress as far as she might with a high-school education is of course a question. The fact that Case No. 38 (I.Q. 90) had reached only the eighth grade at sixteen years, eight months, is explained by much loss of school as a result of eye trouble.

The two who ran away cannot be classed as actual high-

school failures. These are two sisters, Cases No. 39 and No. 40—I.Q. 100 and 91 respectively. One, a psychopathic personality, had given us an immense amount of trouble. Spells of violent temper, stubbornness, and waywardness made it necessary to change her home every few months, and consequently her school. These breaks interfered with her school interest, always fitful at best. She developed precocious and morbid sex interests, which further affected her school work. Adolescence well under way, she seemed to be doing much better, when suddenly, during the summer vacation (1924), she ran away in company with her older and quite stable sister, who happened to be paying her a visit. They were missing several months, tried their hand at desultory work under assumed names, and seem to have lived near to the edge of reputability. When finally located through the police in a neighboring city and returned to us, it was evidently useless to attempt further formal schooling. Placed at their own request in the rather poor home of a relative, they found jobs for themselves in a factory at \$12 a week. These girls had always been difficult because of disagreeable and changeable dispositions. The more stable one had been self-seeking and shrewd, and school had appealed to her as the best thing she could get from us, but she lost her head under the erratic dominance of her sister and the idea of "freedom from the agency". These girls came to us as tiny tots when their mother died, from a very poor home and background. They never really accepted our social and moral standards, though we tried them in many different types of homes and strove earnestly to understand and supply their needs. We consider these cases perhaps our worst failures.

The cases with I.Q.'s of 90 or over who are still in school at sixteen require little comment. From present indications, six of the nine will undoubtedly fulfill their I.Q. expectations and complete high school; three (Cases Nos. 42, 47, 49) will quite surely not, because of neurotic, unstable natures which seem unable to endure the steady application and the irksome routine of the classroom.

To pass on to Group B—cases considered of less than high-school ability (I.Q.'s below 90)—four of the fifty-one in this group actually graduated from high school. The fact that

these children with I.Q.'s of 80 to 83 were able to complete the high-school course tends of course to challenge the dependability of our predictions. But we cannot overlook the fact that one of these cases required one year and another two years more than the usual time, although the other two were still in the eighteenth year at graduation. All of these girls took commercial courses. All were reported as "slow in grasping ideas" and got through on barely passing marks. We may question the validity of the I.Q. in Case No. 51, a psychopathic girl of illegitimate parentage, though tests by different examiners five years apart varied only five points. She later became delinquent and committed suicide on second attempt. Case No. 53 was tested only once, and though no errors have been detected, the I.Q., for some undiscovered reason, does not seem to represent her ability. She now is making a good record in a nurses' training school. The other two had to have much extra help. Case No. 52, while in high school, had a strong ambition for a college course. Later she was refused admission to a school of physical training because her high-school marks had been so low. She took a course in filing, and under wise supervision, has been able to earn enough to support herself. These four girls had excellent personalities, were steady, ambitious, patient, and much liked by teachers. Their heredity, too, with one exception, was somewhat above the average of the others in this study. Quite surely, teachers, more or less unconsciously, give much credit for fine traits of character and pleasing personality. Intelligence alone, as has already been pointed out, unless exceptionally good, seems hardly sufficient to carry a pupil through high school, and, conversely, unless strikingly poor, does not always prevent his getting through. The I.Q. plus or minus certain non-intellectual attributes is what has to be reckoned with.

Of the total now out of school (44) whose I.Q.'s offered no reasonable expectation of high-school achievement, in addition to the four who actually graduated, fifteen were in high school before receiving the official label of failure—one in the fourth, two in the third, three in the second, and nine in the first years. All of them had I.Q.'s from 80 to 83, except two, whose I.Q.'s were 70 and 75 respectively.

Case No. 54 illustrates the satisfactory handling of the school training of a boy with an I.Q. of 76 which might well serve as a model for pupils of similar intellectual equipment. He completed grammar school at fifteen years, four months. We then placed him in an agricultural school where the principal thought him a promising subject. He preferred to follow in the footsteps of his brother (Case No. 26) and learn the sheet-metal trade. Although he had rather poor manual ability, he was ambitious and industrious and finally graduated at nineteen years, three months. He works now alternately at his trade and at farming.

Six children of the B group were removed from school and placed at work by parents. In these cases our agency was saved the necessity of decision by the interference of a parent. I doubt if we would have had the courage in all instances to remove the children from school so summarily, even though intelligence tests and school records of failure clearly indicated that their academic limit had been reached. We have become so habituated to the idea that going to school is the only thing young people can do that it is almost impossible to recognize the point at which they have had enough. Unquestionably every one of this group could have profited by practical trade or vocational courses, but none were available. Case No. 55 (I.Q. 89) left school to take employment in a printing office, where he received a fine training. Case No. 57 (I.Q. 80) went into a telephone operators' training school at \$12 a week. Case No. 59 (I.Q. 78) went to work in a curtain factory. Cases No. 58 and No. 60 went into domestic work. Case No. 56 tried various jobs, then ran away, and has not since been heard from.

Thirty children were advised to leave because of inability to do further school work, fourteen being in high school. Two (No. 91 and No. 92) ended their school careers ostensibly because of misconduct, and one (No. 93) because of psychopathic instability. Although the three last mentioned had not been formally notified, they had actually reached the point of saturation with school work. Whether retaining them in school had a beneficial effect may be gathered from the brief account to follow. Case No. 68 (I.Q. 85) reached the fourth year of high school, commercial course, but was

refused graduation because of insufficient credits, having failed in stenography entirely and received "just passing marks" in other subjects. She was then only eighteen years, two months old and had changed schools several times, a remarkably good record in view of her equipment. Although she failed to graduate, she unquestionably gained much from her experience in high school and in her foster homes. She went home to keep house for her father and brothers, a duty that she continues to carry on with considerable success.

Case No. 63 (I.Q. 86) failed third year high school on second trial at the age of seventeen years, eleven months. She is now taking a course in a business school and making a fair record. Cases No. 64 and No. 66, each with an I.Q. of 85, reached second year high school and failed. Both went to work, one in a factory and the other in housework. One has since married satisfactorily. Case No. 91 left school in the eighth grade because she was pregnant. Most astonishing are the three with I.Q.'s of 70, 71, and 75, respectively, who were advanced to first, second, and third year high school. Case No. 92, a girl with an I.Q. of 71, of illegitimate parentage and extremely bad heredity, was rated by three different schools "very slow, D. and F. marks" in commercial course. To have subjected this girl to the competition of high school was unjust. We should have known better if the schools did not. Small wonder she "ran away" in the second year of high school at the age of eighteen years, eleven months, and went out to seek something more to her taste in New York. A simple, docile, pretty girl, she had no more sense than to fall in with a nice woman on the train, who, on arrival, directed her to the Travelers' Aid. In this way, she came back to us—but not to school. When last heard of, she was under supervision by another agency and working as ward maid in a hospital.

Case No. 87 (I.Q. 70), a boy, when told that he must leave first year high school, to which he had been promoted on trial, flew into a rage at the principal, vowed to blow up the school, and continued to write anonymous, threatening letters. He refused our belated offer of trade school and went to work passing rivets at a government shipyard at \$24 a week (war time). When last heard of, he was an errand boy. His

excellent manual ability was shown by tests and in practical ways. He should have been given vocational training instead of being allowed to be overwhelmed in high school. This case calls to mind a similar case of a girl with an I.Q. of 70 (known from a neighbor agency) whose aspiration was to become a teacher. When informed in her first year of high school that the work was beyond her, her mother employed a lawyer to sue the school authorities for discriminating against her child. Case No. 84, a girl with an I.Q. of 75, while yet a small child in the grades, was predestined by an ambitious foster mother to become a kindergarten teacher. When she began to fail in school work and to show delinquent tendencies, the foster mother asked us to remove her from the home. Still aspiring, she worried on into third year high school and was asked to leave (aged eighteen years, one month) because unable to do the work. Her ambition persisted, and aided by a good physical appearance and a refined manner, she gained admission to a nurses' training school, but did not survive her probation period and was asked to leave. Various jobs followed and then she married.

Case No. 93 has been labeled psychopathic. Handsome in appearance, charming in manner, he makes an excellent first impression, but is so erratic and impulsive that his conduct is entirely unpredictable. He failed first year high school at sixteen, and two or three subsequent attempts at school work ended after a few weeks. With jobs it is the same story. Through stores, steamships, offices, farms, and so forth, he flits lightly. He satisfies his employers, but they do not satisfy him. He runs away and turns up again. He has been in court on serious charges, but has always been released on probation because for one reason or another the charges fall through. His home situation is most distressing. He cannot live in it and he cannot live away from it. He is kept in perpetual emotional tumult. Under these circumstances, the wonder is that he fulfilled even the minimum I.Q. prediction.

Of the remaining cases of less than high-school ability, those who did not advance as far as high school, a glance at the prediction table will show how nearly they fulfilled the expectation of school achievement. All except one seem to have done as well or considerably better than expectation.

This favorable record undoubtedly is due to the school tendency of promoting mechanically on chronological-age rather than mental-age standards. Teachers who "keep back" many pupils are apt to be frowned on. The Massachusetts law requires that pupils must be fourteen years old and have reached the sixth grade before leaving school. It is natural, therefore, that dull pupils, except in extreme cases, should move on for a while with the stream, regardless of merit. The one case that did not fulfil the I.Q. expectation is a boy (Case No. 82) with an I.Q. of 78, who had reached only the fourth grade at sixteen, when according to expectation he should have reached the fifth or the sixth at least. One test only was given him, and it probably overrates his ability. He had been in atypical classes in public school and in a state school for feeble-minded persons before he came to our care. His general appearance and ability seemed to indicate an I.Q. of less than 78. He now, at nineteen years of age, works at cleaning locomotives, earning from \$18 to \$25 a week, is dirty, shiftless, lacks common sense, and requires much looking after by a patient foster mother. With four exceptions, the thirty-three who left school because they were advised to or because they were delinquent or psychopathic were fifteen years or older when they left. All had reached the sixth grade at least except two—the boy just mentioned and a colored girl with an I.Q. of 78 who was repeating fifth grade at fifteen when her father took her out of school to go to work.

Of the seven with I.Q.'s of less than 90 who still remain in school at sixteen, it may be said with certainty that only one has reasonable expectation of completing high school. This boy (Case No. 94) with an I.Q. of 89, has completed the third year of high school at eighteen years, seven months. Although his marks are low, he has a fine, manly spirit, has earned his board and more all through his high-school course, and is esteemed in school and neighborhood. It would have been equally fair to have classified him in Group A. It is interesting to note that at one time this boy and a younger brother (Case No. 43) were much disgruntled with our care, indifferent to school, and antagonistic to their foster home. The presentation of bicycles by an understanding visitor, along with sympathetic attention to their complaints, "com-

pletely made them over", as the foster mother expressed it. The other six of this group show no likelihood of accomplishing high-school work. Two of them have decided physical handicaps; one is being given special vocational training and the other is being sent to the care of an aunt in California.

The outstanding inferences to be drawn from this study fall into two main divisions: the theoretical, which have to do with the validity of the intelligence tests as a basis for the prediction of school attainment; and the practical, which are concerned with the school problems that arise in the handling of children by such an agency as the Church Home Society. To take up the theoretical considerations first, the Binet tests in all their forms have been criticized as tests of natural ability on the ground that their success depends on school experience or on those qualities which insure success in school, but which may not be essential to success in everyday life. If this criticism is just, then these very tests should be all the more valuable for such purposes as ours. The fact that the mental age can be matched to grades is of great assistance when it comes to estimating the correctness of grading and to checking up school progress. It is as important to know when too much is being expected of a pupil as when too little. If a plan for education based on the intelligence quotient is to be made in the early years, it is obviously imperative that the I.Q. should be a reasonably fixed index.

The question of the constancy of the I.Q. on retest seems to have been already sufficiently settled to warrant its acceptance as a reliable guide. "The repetition of psychological tests at various intervals has shown that the I.Q. does not fluctuate sufficiently to demand frequent retesting."¹ Statistical tables on page 103 in the book from which this is quoted show the variation of the I.Q. on retest for 435 comparisons by Terman and 322 by Irwin and Marks, the former giving a correlation of .933 and the latter .98. The correlation between the first and last tests in our study is .92. In view of the long intervals between tests in many of our cases—from one to over five years—the wide range of ages represented, and the large

¹ *Fitting the School to the Child*, by Elizabeth A. Irwin and Louis A. Marks. New York: The Macmillan Company, 1924. Pp. 98, 103.

number of neurotic subjects, this correlation offers a striking confirmation of the constancy of the I.Q. Fifty-four of our cases were tested two or more times—a number not great enough to carry much weight, but since they add a bit of positive evidence to that already accumulated, they seem of sufficient interest to be mentioned.

Six cases only showed a variation as high as from ten to thirteen points. Two of these showed a loss of ten points, one, a boy (Case No. 19), already referred to as now showing signs of general deterioration suggestive of an incipient psychosis. The loss of ten points in his case may be only a part of the picture. The other (Case No. 1), a capable, dependable colored girl who completed classical high school at sixteen years, five months, is now preparing to be a teacher. A drop of ten points in two years and ten months is not in accord with the other factors in her history and is difficult to understand. Among those whose I.Q.'s improved noticeably is Case No. 46, a girl whose I.Q. went up from 94 to 107 in five years, six months. Whether this gain is the result of the effort of an advanced and ambitious foster mother to make a record and disprove our original prediction that the girl had not ability to go through college, one can only question. She admitted "a little drilling" before the last test. Another girl (Case No. 11) gained twelve points in two years, six months, a fine, steady, capable girl who earned her board and more all through her high-school course and is now in a training school for nurses. Two boys (Cases No. 45 and No. 54) each gained ten points; both seemed to "brighten up" mentally after improved physical and foster-home conditions.

Aside from the six cases just cited, the difference between the I.Q.'s of the first test and that of the last is negligible. Two cases show a variation in I.Q. of twelve points between the first and the second tests, but later tests reduced this difference to less than ten points. The fluctuation in these cases may be explained by the fact that one of the girls (Case No. 49) is neurotic and variable in everything she does. The other (Case No. 60) was examined first at eleven years old immediately after a long journey from her home, from which she had been legally removed as an unfit place. Malnutrition

and disturbed emotion appear to have affected her first test, a source of error not often encountered, though often expected.

As to the I.Q. as a basis of prediction of school achievement, we find that those children who had an I.Q. of 90 or over in the main *did not fail* in high school. Thirty-two of the forty have actually demonstrated ability to accomplish high-school work, while eight have not. Six of the nine still in school have potentially demonstrated ability to accomplish high-school work, while three have just been marked "failure". If we should eliminate, as really seems fair, the two whose failure was related to the onset of mental disease and the three who are now failing because of neurotic make-up and misbehavior, the negative evidence is somewhat reduced. But in order to take no favors from statistics, we prefer to lean towards the side of understatement, and therefore content ourselves with giving the strict minimum or 80 per cent who give positive evidence that an I.Q. of 90 or above really indicates ability to do high-school work. Those children who had an I.Q. of less than 90 in the main *did fail* to accomplish high school. Only four of the forty-four who have completed their schooling have actually demonstrated ability to accomplish the work, while only one of the seven still in school has any chance of completing. The latter (Case No. 90), with an I.Q. of 89, might, if we had stretched a point, have been included in the high-school-expectation group. Except for these five, the remaining 46 of Group B either failed to get into high school or to maintain themselves if they did get there. We have, therefore, 90 per cent who give positive evidence that an I.Q. of less than 90 will not accomplish high-school work. It seems fair to conclude that the Stanford-Binet tests are a very good, but not perfect basis for the prediction of success or failure in high school.

As to the more detailed prediction of the actual grade likely to be achieved for I.Q.'s less than 90, our study does not provide a sufficient number of cases to warrant conclusions. Furthermore, the factors other than scholarship that are known to influence grade promotion make evaluation of the actual school achievement on the basis of the grade reached slightly uncertain, particularly in such a wide sampling of schools as is shown in this study. Yet they have a certain

interest in that they tend to strengthen the positive evidence already accumulated as to the reliability of predicting school achievement from the intelligence quotient, and so the figures are given:

Outcome of the school prediction for I.Q.'s of less than 90 (51 cases)
 I.Q. 89=80—prediction seventh grade (eighth grade to second high school if given time enough and promoted without actually warranting it).

Fulfilled	25
Bettered	6
Not fulfilled	1
	<hr/>
	32

I.Q. 79=70—prediction fifth or sixth grade.

Fulfilled	5
Bettered	8
Not fulfilled	2
	<hr/>
	15

I.Q. 69=60—prediction third or fourth grade.

Fulfilled	1
Bettered	3
Not fulfilled	0
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	4

By far the strongest tendency in this group is to fulfill or slightly better the prediction.

With regard to the more practical aspects of the school problem, various inferences have already suggested themselves here and there through the course of this study—the chief, that it is well worth while for agencies to make use of intelligence tests—the Stanford-Binet or others comparable to it—as a basis for planning the school training of the children who are under their care.

From the mass of data that comes to the fore on intimate acquaintance with the 100 children in this study, it has been difficult to single out the thread of their school stories and evaluate accurately the cause of their success or failure in school. Scarcely one in the entire group was free from painful emotions connected with his dependency, unfavorable childhood setting, and very poor inheritance, yet when all is weighed, the I.Q. undoubtedly stands out as the strongest determining factor in their school achievement, which strikingly resembles that of ordinary school children.

To the agency, the advantage of a planned, over a trial-and-failure, method of schooling should be self-evident. The result in financial saving alone can be readily reckoned. The per annum cost of a school-going child to this society is approximately \$300. If he is able to earn his board in the foster home or something in an outside job, as many are during the later school years, the cost is reduced, of course, but even then there are spending money, clothing, medical care, and other items to be supplied by the society. Frequently, when the school work is found to be falling off under the probability that there is not time enough for study, it is necessary to restore a child from a "free home" to a boarding status. In one way or another the per capita cost mounts up on the average to the sum mentioned. For a concrete illustration of the financial waste in unplanned schooling, let us take the case (No. 84) of a girl with an I.Q. of 75 who remained in school until the third year of high school at eighteen years, one month. According to prediction, her upper academic limit was about the sixth grade at fifteen years. Her school career, therefore, seems to have been a waste of approximately three years and nine hundred dollars. A part at least of the money thus unprofitably spent would seem to have been better invested if it had been used to help a girl with I.Q. 100 who is overworking out of school hours to pay her way through a teachers' training school. The implication is not that adopting a plan in advance will keep money in the treasury, but that it will insure more effective spending.

Obviously the financial is not the leading consideration in our attempt to prepare dependent children for independent and satisfactory life. The aim first and always is to develop the individual to his best possibilities for citizenship. If three or four years of mere exposure to school, regardless of whether the child was learning or not, were found to contribute to the desired result, we should undoubtedly advocate letting him sit it out. But, as has already been hinted, such procedure tends to have a destructive rather than a constructive effect on character, initiative, and later success. The trial-and-failure method has little to recommend it in comparison with a definite plan. The practical advantage to the child of a planned school program is no less than to the agency. Setting

a goal that he may reasonably be expected to achieve and toward which he may gradually direct his hopes and his effort is fairer than allowing him to fumble on blindly toward some impractical and unattainable dream which he will presently have to give up. Concrete examples of the poor results of such shifting of objective could be given, but we must forbear quoting further from our case records and leave them to the reader's imagination.

Once the plan has been carefully formulated, it should be held to pretty tenaciously until the prediction has been fulfilled, unless a very definite reason is found for abandoning it. It must not be forgotten that it is as important to end with skilful management the formal schooling when the I.Q. prediction has been fulfilled as to strive to continue it when it has not. Linger on in school under a consciousness of failure tends to engender habits of idleness, inferiority feelings, grudges, and other harmful mental states. Probably the tendency in children's agencies is to err on the side of keeping children in school after they have ceased to profit rather than on that of ending the schooling prematurely.

To further the successful carrying out of the school plan, it is necessary to regard other factors besides the intelligence quotient:

1. The elimination of inopportune changes of foster home and school will have to be striven for even more persistently than now. Before placing a child in a foster home, the family should be impressed with the social importance of the duty it is undertaking and the serious consequences of "unhoming" a child after he is settled. One of our girls, now out of our care, has recently told me of the depression and loneliness she suffered for months after she had been removed from a home in which she had lived seven years. She hated the new home, the new school, the new neighborhood. Only an intelligent reasoning out of the situation and the fact that the new school was "easier" made it possible for her to continue her school work with credit. When re-location is unavoidable, the visitor should try to select the new home in a town where the school curriculum is similar to the one the child is leaving and to time the change so as to prevent unnecessary loss of grade. A change of school in the middle or toward the end of the

school year frequently brings a loss of the whole year's work even with bright pupils, because, in addition to the difference in the subject matter and its presentation in different schools, there is the upsetting of the child's emotions. To understand what this means, we have only to look back into our own early school days and imagine the probable effect on us of being uprooted from our homes and carried into new fields where we would have to forget old companions and make a place in an entirely new setting, let us say in the middle of the seventh grade or even the second year of high school. I am sure even the brightest of us would have "lost a grade". Many of our children had to change schools several times before they finished.

2. Another point to be stressed is the importance of keeping in personal touch with the school, to interest the teachers and principal in the child and secure sympathetic understanding of his problem, especially to prevent the indiscriminate and harmful dubbing of him as a "state child" and the embarrassing situations often occasioned by it. One of our small boys whose legal name had never been settled confessed to me with distressed confusion that the reason he hated school and ran away from it was that the teachers were continually asking his father's name. He had been told to give the name of his foster father. But when a stern teacher stood him up in front of his class and icily demanded, in the name of accuracy, to know how his name could be Jones and his father's name Greene, his little mind was not equal to expounding the involved question of guardianship. All he felt was that the eyes of the school turned on him, making fun of the "boy who didn't know his father's name", and naturally he tried to escape them by running away.

3. It is important also to understand the personality of the child and to clear up emotional conflicts. As an introductory step in the understanding of personal difficulties, I have found the test procedure of considerable assistance. It provides a natural and easy approach to the child's acquaintance and confidence, and in addition to affording information as to range of intelligence, it sometimes offers, to the experienced and observant examiner, substantial clues to the child's past experiences, mental attitudes, emotional repres-

sions, and other data needed in dealing fairly and wisely with the problems of childhood and youth so commonly encountered in a child-caring agency. Several of our children failed, apparently, because of psychopathic or neurotic constitutions. The dependent child who is also psychopathic has a stormy time in getting through school. These children require, needless to say, endless consideration and patient study. For them work of a suitable kind is often less of an irritant than the lock-step routine of school. But usually it is a never-ending procession of jobs that the visitor has to find, just as in the case of dull, untrained children. For although the psychopathic child often has ability which easily obtains him employment and though he begins with enthusiasm, he quickly tires of work, fails to turn up on time, takes a day off when he feels like it, and is soon dismissed. Just how much we can do to overcome or modify these psychopathic traits, I am not sure. Results are often disappointing, but occasionally a brilliant success stimulates to renewed effort. Certainly these cases are well worth struggling with as mental-hygiene problems.

In conclusion, the writer wishes to disclaim any intention of subscribing to the idea that the curriculum of the public schools, as now administered, is perfection. We have had numerous evidences of certain defects. At present the schools offer little for children in the lower ranges of intelligence after they have reached the age of twelve. There is great need for more trade schools, for courses in practical pre-vocational training associated with the regular grade instruction, for greater flexibility of grading—in short, for a general modernizing of the whole system. Changes of this sort are bound to come—indeed many of the improvements noted are already seen in many schools. If agencies such as ours, and others who deal with children, would exert their influence to hasten such improvements in the public schools, it would be of great help to superintendents of schools and boards, who always have to wait for public sentiment to back up any advance they wish to make. Meanwhile the child-helping agency will have to make use of the schools just as they are. That is why we have striven at such length to work out this argument for their more effective use.

And now we come to the question: Should agencies who care

for dependent children hold as high ideals for their education as the family holds for its own children? The answer is: Yes; but the ideal should never be a preconceived general one, but always an individual, concrete one, based on the intellectual endowment of each child as shown by psychometric tests. Except integrity of character and sound physical health, school training is the most valuable thing an agency can bestow on its children. The dependent child has not the social and financial backing that almost every ordinary child has in some degree when he starts out into the world. His possessions are literally his brain and his hands. Therefore, he needs to have these trained to the best that is in them if he is to compete successfully with his associates. By the very nature of the service, the child-helping agency will inevitably be overweighted with the less well-endowed children. Naturally it is much easier and in general more interesting to work with the brighter children, who, if trained, promise success as lawyers, engineers, artists, and so forth, and if untrained, promise at least moderate success in something. But—although it seems too obvious to need repeating—it is no less important to work with the duller children who, if trained, promise success as painters, clerks, farm helpers, waiters, and the like, and, untrained, promise success in nothing and are very likely to add to the ranks of idlers, wasters, and troublemakers.

With the diagnostic technique now at its disposal, the private agency, such as ours, could of course select only the higher-grade and more promising cases—those who offer a maximum of success with a minimum of effort. But what, after all, is success other than that each human being should feel the satisfaction of expressing the best that is in him? When all is considered, the highest social service for each agency would seem to consist in accepting, so far as it is able, the responsibility for all the needy children who come naturally to its door through church, neighborhood, or other community association, and then, once it has accepted the responsibility, standing by them with all the loyalty and devotion of the true family.

THE GENERAL PERSONALITY AND CERTAIN FEATURES OF THE SEX LIFE *

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WE owe to the genius of Hans Christian Andersen a prophetic vision in his story of the emperor's new clothes. It will be recalled how a journeyman tailor came to the court offering to make the sovereign a robe which, in addition to the utmost material splendor, should be visible only to those with an I.Q. above 105. Being amply furnished with silks, gold, and jewels, he wove them into an exquisite figment of the imagination which every one admired, not wishing to betray lack of discernment. On a day appointed, the monarch paraded in state down the esplanade amid the plaudits of the beholders, until the conventional small boy turned wonder into derision by exclaiming at the appearance of the imperial majesty in an undershirt. Examining the symbolism of his narrative from the point of view of psychoanalysis, it is clear that in the words of the distinguished French absolutist, *l'amour, c'est roi*. The robes he wears are the garment of convention, and very expensive fabrics they are, which only persons of refined sensibilities are able to value at their true worth. And in the small boy calling attention to the tenuity of these habits, we can scarce mistake the figure of Sigmund Freud, arch protagonist of those tendencies which have transformed the mysteries of yesterday into the cynosures of our own time.

Amid the hootings of the rabblement, the craning of necks and jostling of shoulders, it is difficult to obtain personally such detached view as is due to scientific observation; but with the support above mentioned, one may endeavor to climb,

* The study reported in this article is part of a series of investigations made possible by the Committee for Research on Sex Problems, Division of Medical Sciences, National Research Council. It is based on a paper read at the meeting of the American Psychological Association at Ithaca, New York, December, 1925.

Zaccheus-like, into the tree of collective experience, thence to regard the qualities and conditions of the imperial person with a more objective scrutiny. The material on which the present remarks are principally based is the second of two studies by my colleague, Dr. Peck, and myself, embodying the replies of over two hundred men graduate students to an inquiry designed primarily for comparison of the facts of the overt sex life with other features of the personality. A tabulation of the replies has been published,¹ and present concern is with interrelations.

Almost all this group, and probably educated persons in general, favor some systematic instruction of young people in sex matters, before they become wise enough to instruct their elders. Of the present group, 44 per cent record themselves as having had such instruction, and it is pertinent to examine the subsequent course of their sex lives to see if they differ in any way from the lives of the less instructed. It must be remembered that while we can judge of the effect of such instruction as was given, we must assume its conventional content.

No relation is shown between instruction and the frequency or duration of auto-erotic practice. Instruction is associated with somewhat fewer persons reporting heterosexual activity before marriage up to the ages here considered. It is recorded in 33 of the group, the proportional share being 37. On the other hand, a quite neutral relation appears between instruction and the numbers of such episodes, through a reported range to over 100 in three cases. The amount of activity reported is markedly less than the suppositions of smoking-room gossip. It falls well into line with observation reported by Kerns² on a West Point group.

The number with instruction who have dealt with but one woman is 4; the proportional share is between 7 and 8. The number without instruction who have dealt with but one woman is 13; the proportional share is 9. The number with

¹ *Further Studies in the Psychosexuality of College Graduate Men*, by M. W. Peck, M.D., and F. L. Wells. *MENTAL HYGIENE*, Vol. 9, pp. 502-520, July, 1925.

² *Management of Acute Mental Hygiene Problems Found Among College Men*, by Major Harry N. Kerns, Medical Corps, U. S. A. *MENTAL HYGIENE*, Vol. 9, July, 1925. P. 280.

instruction who have dealt with 5 or more women is 21, the proportional share being 17; the figures for those without instruction are 17 and 20 respectively. Instruction seems to go with a slight spread of the "libido". This should be taken in connection with the data on prostitutes. Fourteen of those with instruction record minimal contact with prostitutes; the proportional share is 21. Thirty-two of those without instruction have thus safeguarded themselves; the proportional share is 25. It is as if the instruction had turned its recipients somewhat in the direction of prostitutes—in accordance with a time-honored principle of sex ethics that while it is reprehensible to strike a person down, it is merely a venial misdemeanor to kick him when he is down.

The larger question is raised whether any particular sex life policies are associated with particular personality traits outside this sphere. As with regard to instruction, the general answer of the data is neutral. The relationship observed between the overt sex life and other personal traits is so complex as to look very like chance. It affords no basis for the formulation of a generally more or less desirable life policy from the standpoint of individual mental hygiene. In some cases, however, as in the material on instruction, the beam does tip in a certain direction, though not far, and these cases may be reviewed.

Primary sex contact before marriage is reported in larger proportion by those who feel themselves in better contact with their college associates. It is also reported more frequently than the central expectation by those who feel that in general they work better with others than by themselves. Verbalistic tendencies are similarly related to the establishment of this contact, as is further, not unnaturally, the freer tendency to spend money. The more emotionally labile individuals also report more than their share of these episodes, and it may perhaps be specifically mentioned that they are only very slightly so reported in relation to general social leadership. A similar relation obtains in respect to this leadership trait and other aspects of the sex life observed.

Considering numbers of sex episodes reported, slightly greater frequency of these is again seen in those of looser purse strings and of freer verbalistic tendencies. The ques-

tion of working better with others or by oneself shows an even balance for this trait, as does also the ease or difficulty of mingling with one's college associates.

In respect to the numbers of women involved in these episodes, a polygynous history in those disbursing their funds more freely is relatively marked, and there is a similar relation to verbalistic tendencies. In respect to the ease of mixing with college associates, this item is neutral.

The situation in regard to prostitutes is of relative interest. Verbalistic tendency, hitherto slightly on the positive side of sex activity, is without relation to this phase of it, as is also the tendency to social leadership. The tendency to spend money freely is negatively related to dealings with prostitutes, and this relationship is among the most marked observed. Those who work better with others restrict their activity to non-prostitutes further than do those working better by themselves; and the same is true of mixing well with college associates.

In sum, the so-called extravert traits of the freer talker and spender show a certain consonance with freer sex activity. Prostitution maintains the midway position between autoerotism and strictly heterosexual activity that psychological, and economic, consideration would assign to it. We see in these men a tendency of the extravert traits to be rather associated with the establishment of various primary contacts before marriage. Association with non-prostitutes also denotes a more extraverted type than association with prostitutes.

It will be understood that the present distinction of prostitute and non-prostitute is one of rhetoric and statistics. The term prostitution connotes the motive of economic gain, the other a sex expression as such; and some element of both may be present, both within and without the socio-legal sanctions.

There is an item in the replies serving as a gauge of the general level of satisfactions at which the individual lives—the question whether the predominant spirits are buoyant, medium, or sober. Considering this item as related to sex expression, the scale tips slightly in the direction of more buoyant persons with sex contacts before marriage, of greater

numbers of such contacts, and of more women with whom these contacts have been had. In conformity with what has already appeared concerning prostitutes, the buoyant replies show somewhat less contact with prostitutes than the remainder. This would account for an erratic situation between the sober spirits and numbers of women, such individuals owing their polygynous contacts mainly to prostitution. Buoyant persons show relatively less frequent episodes than the other groups, for the year preceding the inquiry.

On examining this item also with reference to instruction, one finds a deficiency of sober spirits among the instructed and an excess among the uninstructed. This may be because the former come from environments of better mental hygiene generally, and as such less subject to taboos on sex instruction.

The principles that dominate the instruction of to-day are substantially those formulated by St. Paul in the sixth and seventh chapters of First Corinthians, and, in the customary adjectival form of the apostle's name, may be conveniently termed the Pauline morality. Independently of Pauline authority, similar restrictions of sex activity have been attributed to at least the earlier Roman and Germanic civilizations; and it is reasonable to suppose that this was associated with the rôle these peoples have had in history. It is a commonplace that, given groups of the same order of intelligence and energies, that one is better equipped for survival which restricts the life of organic hedonism and turns its resources to pursuits of economic or military value. Time and again destiny has led from Capua to the Metaurus and thence to Zama and destruction. But this sanction is of a social character. From the point of view of individual mental hygiene, it is modified by factors of less ready recognition. There is a parallelism which may be utilized at this point between sex reactions and tobacco or alcohol, because while the mechanisms are similar, the feelings investing the latter are less intense. Brill has made the point that as special addictions of this character often represent the absorption of energies from other fields of more survival value, they may also represent an overplus of energy that cannot be turned to other account, in the presence of marked capacities of good survival value. Efficient persons who are heavy smokers and drinkers

are surely known to all. On the other hand, there are those who cannot tolerate relatively small amounts of alcohol, and who never accustom themselves to the use of tobacco, though able to make in general reasonably adequate social and economic adaptations. It is interesting to compare the accounts of Peary and of Amundsen on the use of alcohol in polar exploration. So in the sexual sphere one recognizes several sorts of constitution: those who crave markedly and tolerate well, who come to psychiatric attention mainly through the medium of luetic invasions of the nervous system; those who crave moderately and tolerate well, whom only the accident of venereal infection brings to clinical attention at all on this score; and those who crave moderately or markedly and tolerate ill, who are of more clinical importance. Two mechanisms of supernormal activity are discernible for the sex life; for individual mental hygiene one is vicious, a depletion of energies disposable in the struggle for existence; the other not individually vicious, the expression of an organism over-active at all levels.

Four cases are cited as "typical" only in the sense that Bunyan uses the word of Esau's birthright as a symbol of a wider range of similar phenomena. Type is a noxious word in psychology, being often confounded with species, as, for example, in the introvert-extravert categories.

There presents himself a neatly dressed young fellow of twenty-five, good-looking, with a manner that gives the appearance of alertness. He has a normal educational history and a Stanford I.Q. of 93, slightly above adult average. He is a bundle of neurotic symptoms, phobias, and obsessions. He is economically inefficient, holding a job six weeks on an average, owing to his "nervous" habits. His sex life has been a prominent feature, with masturbation early and often and heterosexual contacts prior to fifteen years of age. These have been uniformly of the prostitute level—masturbation *per vaginam*, no attachment for any particular individual—there being involved by his own statement not less than 120 women. In this he is not a figure of the "neurotic Don Juan" mentioned by the psychoanalysts; he is not seeking a mother representative, with real attachment while the affair lasts; the arrest is at a lower level, scarcely above the strictly auto-erotic. His energies were firmly fixated at these crude levels and there was not elicited sufficient stability of purpose to effect any perceptible sublimation.

This situation may be compared with that of a man of about thirty, whose sex episodes are less numerous, but also much less tolerated in his special milieu. Almost the first item in his story is the ascribing of his present difficulties to having failed to utilize the occasions for primary sexual contacts pre-

mented in his college days. He explains how the emotional stresses now involved are too great for him to manage, but would not be if he had then got them out of his system. He is moved altogether to tears by these recollections and complains bitterly that many of his fellows partake freely of the feast of Venus without interference, but whenever he would snatch a few poor crumbs from her conspicuous table, he is called sharply to account and deprived of his liberty. From a general standpoint the case is a cyclothymic, his disapproved conduct being a part of a hypomanic reaction; the rationalization is an interesting development of the "wild oats" convention.

Another sort of adaptation is presented by a man of twenty-four, whose economic competence is at least equal to self-support, and who offers no complaint of difficulty with associates. There has been no use of alcohol or tobacco, and apparently no masturbation until twenty-one, since when it has taken place about weekly with fancies, the enervating effects of which are part of his complaint. The general picture is one of hypochondria. Recently there has been contact with women at the "petting" level, but it bears the aspect of a "protest" reaction rather than fundamentally motivated. ("Men do these things. I must also, to show that I am a man.") This is a man in whom the sex life remains at a more infantile level than in either of the preceding, but also its demands are less, and more energy is available for meeting other demands of the environment, economic or social. There is no reason to bring this fact under the concept of Freudian sublimation. With such a person the chief risk is that the influence of more heavily sexed associates will lead him into a type of heterosexual adjustment that he is not equipped to support. Adjustment at the level of normal marriage would be very difficult for this man; but in general his adaptations are clearly better than in the preceding cases. His clinical contacts appear to have accomplished a good deal for him, especially in the control of auto-erotism.

In a girl of eighteen of quite marked attractions who came to attention through unmarried motherhood, it developed that this was the first awkward consequence of a series of episodes since the age of about ten, involving perhaps a dozen individuals of the opposite sex. She had a Stanford I.Q. of 119, failing one test in the scale; and her work in non-language tests was of similar order. She was prominently identified with associations endeavoring to represent the best level of mental hygiene for adolescent girlhood. The introduction to such of her confidences as it was possible to gain was the ability to disagree intelligently on a technical point in open-air cooking. From the point of view of general reactions, they were such as one might wish his own daughter to exhibit should she ever find herself in this difficult situation. It is all but certain that for every case that comes to attention, there are many of whom the psychiatric clinic never hears.

The above illustrate inferior adjustments in men with sex life of moderate or marked expression and a general superior adjustment in a girl with much more expression than may be regarded as normal. For good adjustment in men on the basis of free expression, or in women where it is restricted, clinical citations do not seem apposite. The essential point

is the wide range of individual differences so neglected in the conventional teachings.

In view of the patent limitations of questionnaire study, it was endeavored to supplement the material on this phase of it by the best other available means, the analysis of personal acquaintance by another judged competent therefor and by the writer. Those men were listed who, through their own qualities and our acquaintance with them, had made distinctive and valued contributions to our lives, and with whom our acquaintance was sufficient to form satisfactory estimate of their overt sex activity. The total of both lists, my colleague's and mine, is 45 persons; not more than one or two can be present in both. There were observed no evidences of departure from the Pauline morality in some two-thirds of these individuals, while they do appear in the remainder. The proportion is about the same as that of those with pre-marital sex contacts among the students observed. The type of overt sexual adaptation disclosed no general relation to whether the individual appeared to us as a superior personality. It is open to the objector to cite Bishop Horne's reply to David Hume.¹ The harmony of the two sets of data may be urged as mutually supportive.

It is futile to speculate whether persons of one type might have made greater contributions if there had been more complete sublimation of their sex reactions, or whether those of the other would have led fuller lives if this phase of their personalities had been more prominent. Without questioning the reality of the sublimating process, it must differ enormously in different persons, and the means of controlling it are still very doubtful.

Individual mental hygiene is accordingly but little available as sanction from scientific ethics for any specific conduct of the sex life. It has served as such, from the strictest Paulinism to the quondam psychiatric suggestion of sexual abstinence as an etiological factor in *dementia præcox*. From

¹ The philosopher had ventured the remark that all devout persons he had met were melancholy, which the theologian criticized upon two grounds: first, that the other's experience was an inadequate sampling of devout persons, most of his acquaintance being individuals of quite different persuasion; and that, further, the aspect of David Hume was such as to induce melancholy in any devout person who saw him.

a physiological standpoint, the Pauline sanctions derivable from venereal disease have not been overstated, and can be effectively reinforced by clinical demonstrations of general paralysis, when a nearby institution renders them accessible. The main drawback of this teaching has been to neglect the means by which these risks may be modified.

Sanctions are also sought for the Pauline morality in men, on altruistic grounds of special damage done to the partner's life. These, whatever their ethical appeal, have a questionable psychological basis. Adult clinical psychology brings one into many contacts with individuals traversing the road said, in Binet phraseology, to be "down hill all the way to the city and down hill all the way back home". It has offered little or no ground for supposing that episodes of this character are as such more demoralizing in women than in men. In anthropology and social history, the effects are an artefact of the *mores*, sometimes degrading, sometimes the reverse.

The problems of sex adjustment, as related to the social conditions that surround us, are dominated by the dual, and at times inconsistent, rôle which this set of impulses is called upon to play, in the perpetuation of the species and the personal adaptations of the individual. Though in certain specialized groups, many may not find, or soon cease to find, average values in these spheres, our social psychology in general places these values among the most important in secular experience. They bear directly on those problems of population pressure and race betterment which are of concern to many who look upon progress in psychological rather than physical terms. In a race psychology such as ours, constructive eugenics has little chance unless these personal values are safeguarded. There may be some help in a better understanding of them, such as is sought in the work of Ellis, in some highly significant accessions to be anticipated from another branch of the Council's efforts, and in society's recent experimentation on its own account, a cross section of which is offered in the present studies.

I have no wish to pose as an obscurantist in matters of sex instruction through verbal means, but it is easy to expect too much of it. The instruction obtained by the group under discussion appears neither to have modified sex life nor to

have improved general adaptation in significant degree. It is true that the instruction was probably fragmentary and one-sided. Evidence is also accumulating that certain adjustment difficulties in mature individuals are helped by a type of information which goes much further than the ordinary conception of "adequate sex instruction" at the adolescent level. But except upon the groundwork of familial fixation, bio-chemism, and the stimulus of the environment, the content of information here evaluated shows a minor rôle in ordering this phase of one's life. Perhaps the chief gain from it is through a degree of mutual understanding between young and adult such as can seldom be hoped for where this topic is taboo. It must recognize, however, that individual differences are not less real in this sphere than in simple reaction time, and that its secular problems are not met by any single principle of adjustment, be this according to St. Paul, or Cleopatra, or the Maid of Orleans, or Julius Caesar.

THE NEUROTIC GOAL IN POST-WAR NEUROSES *

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ADLER, in his book, *The Neurotic Constitution*, lays the foundation for his all-embracing theory of the etiology of the psychoneuroses. He believes that the underlying cause of every neurosis is a feeling of inferiority based upon an organ inferiority which may or may not be recognized as such by the patient or his friends. The neurosis is the patient's method of compensating for this feeling of inferiority. Adler believes that the neurotic goal reveals itself to us in a heightened ego consciousness, whose simple formula is, "I wish to be a complete man." He refers to this formula as the "masculine protest".

The neurotic spends his life trying to prove to himself and to others that he is not inferior, but superior. He thereby overcompensates and develops his characteristic personality and his psychic and somatic symptoms.

We have observed that the neurotic, in attempting to achieve his goal, plays up to his desired position in every possible way. He dresses in accordance with his ideal, assumes a suave manner, and is prone to use big words and high-sounding phrases. There is often an indefinable lack of sincerity about him. It is as if he were playing rather poorly a part in a colossal melodrama, and one is reminded of Shakespeare's line, "The lady doth protest too much, methinks."

In our work with psychoneurotic ex-service men, we have found the neurotic goal frequently illustrated by their industrial records. Many adjusted well before the war in spite of their neurotic constitutions, but when they enlisted or were drafted, they were torn from their relatives, friends, and jobs,

* Approved for publication by the Medical Director of the Veterans' Bureau.

and forced to adjust to a new and frequently an unpleasant environment in the training camp or battlefield. In spite of the hardships, life was full of interest and excitement. They made new friends and new acquaintances, many of whom were men of superior training and accomplishments who in civil life had belonged to a much higher social class. In the army, however, class distinctions were forgotten and they met these social superiors on an equal footing. From their new acquaintances they acquired new points of view and new ambitions, which were frequently far beyond their ability to attain.

Upon returning to civil life, they adjusted well for a time, for they were treated as returned heroes and naturally were not expected to work. Gradually, however, the excitement and patriotic fervor died away, and they donned their civilian clothes and returned to work, often at their pre-war occupations. The contrast was so great—life was so dull and uninteresting—it is no wonder that some of these neurotic men became restless and felt themselves superior to their old jobs.

In the readjustments that followed many secured better positions than they had previously held. Those who had the ability, preliminary training, and persistence succeeded. But many failed for lack of one or more of these qualities. This failure caused or accentuated their feeling of inferiority and frequently a neurosis developed. Those who had been seriously ill or wounded during military service naturally blamed their failure to their real or imagined loss of health. Others who had not been ill blamed the stress and strain of military life for all the neurotic symptoms that accompanied and followed their industrial failure.

Unfortunately the attempt of the government to aid them in their readjustment sometimes had the opposite effect, for many men were given training in the vocations which they chose (in accordance with their neurotic goals), but for which they were not fitted either temperamentally, intellectually, or educationally. Failure during or after training only served to aggravate their neuroses. The following cases illustrate some of these points.

Case 1. W. S. V. is thirty-five years old and married. He was born in Germany and came to America when very young. He finished grammar school and attended a business school for two years, but did not

complete the course because of special disability in mathematics. While in France, he was "shell-shocked" and exhibited an hysterical fugue. He was returned to the front, but was in constant fear and soon thereafter was hospitalized for pain in ears, back, left hip, feet, and head. He remained in hospitals continuously from November, 1918, until discharge from the army in March, 1919.

His industrial record is of especial interest. In spite of the fact that in grade school and in business college he had much difficulty with mathematics, especially mental arithmetic, he always chose occupations that required rapid mental calculation. Before the war, he was a bookkeeper in lumber yards, but was not very successful at it. "There's a lot of figurin' in a lumber yard, and when I had to assume any responsibility, I worried. I felt that I didn't have the ability in estimating and I got so I couldn't even sleep. I'd lie awake all night thinking about the figurin'."

After discharge from the army, he was given vocational training in building and construction work, estimating and drafting. "It was kinda hard for me. Then I worked two and a half years as an accountant for a general contractor. I was really incompetent there, for I was a little too slow for the estimating. Then I broke down and went to the hospital." He has been in hospitals most of the time since with vague symptoms of headache, backache, restlessness, and anxiety. No physical cause has been found for these symptoms. He wonders if he is feeble-minded, or if he is deteriorating mentally. (His mental age is 15 years and 9 months.) Emotionally, he is sensitive, self-conscious, stubborn, critical, and fault-finding. He is introspective and seclusive. He has a rather haughty bearing and apparently wishes to create the impression that he is quite different from the average patient.

This man illustrates well the evils of industrial maladaptation and apparently his neurotic goal has kept him from choosing an occupation suited to his ability, and repeated failures have precipitated a neurosis which is his present means of defense. He still refuses to consider occupations for which he is fitted, but insists that he wants to be a contractor. Perhaps intelligent vocational guidance at the proper time would have prevented the present neurosis. Unfortunately he was placed in a position that called for high-average or superior intelligence with good ability in mathematics, whereas he rates only as a low average and has a special disability in mathematics. The inevitable failures that resulted still further aggravated his neurosis.

Case 2. C. H. F. is thirty-two years of age and single. His mother died of tuberculosis when he was very young, and he grew up in the home of his grandparents, where he was coddled and allowed to have his own way. His health was the object of much concern, as his grandparents were very much worried lest he also have tuberculosis. Thus very early he learned to utilize his symptoms to get what he wanted.

His chief neurotic symptoms prior to military service were a speech defect of the letter-substitution type, commonly known as "baby talk"; dislike of many common foods; inability to whistle; and bashfulness. He, however, reached the second year of college and made a fair industrial adaptation. His war service was uneventful. He did not go overseas and was not ill while in the army.

After the war he did not return to his pre-war occupation of auto mechanic, although he had succeeded at it and had had further training along that line in the army. He said that the work was too dull and the pay too small. The first work he tried was in a factory, building auto tires a few weeks at a time. "I couldn't stand it, and I quit." Then, in 1920, he worked as a service contact man for a garage for about three weeks. "Too much actual work, see?" Then he worked for a while for a cash-register concern in their classrooms and repair shop. "I saw I wasn't getting anywhere and I quit. I'd smash stuff and things like that." He did not work for a year and then put in a claim for compensation with the Veterans' Bureau. The diagnosis and rating he received did not satisfy him and he has tried ever since to get a higher rating. In 1923, he worked a couple of weeks as inspector for a large motor company, but found it "tiresome and more work than you would think for". In 1924, he tried working as a traveling salesman. The work proved too hard and he quit after a few weeks. His goal is a job with the minimum of work and a good salary. Any position that does not come up to this standard is beneath him. He prefers being idle to accepting a "soft job" with corresponding pay and says, "I can't do manual work. I want to get a business job."

The symptom that he uses to excuse his idleness is that of cardiac discomfort. Careful and repeated physical examinations and electrocardiographic and roentgenographic study reveal a very minor organic disease of the heart, not severe enough to interfere with ordinary work. He enlarges upon his symptoms in a morbid fashion, and seems to take great satisfaction in them.

Psychotherapy was attempted, but met with bitter opposition. In spite of the fact that he has a high intelligence quotient (mental age 17 years, 1 month; I.Q. 107), it seems impossible to give him any real insight into his condition. This is doubtless because of internal resistance connected with his feeling of inferiority. Real insight would be unbearable. He keeps off friends and foes alike by his gruff, irritable, fault-finding manner, and by this means shelters himself from their criticisms and their suggestions.

Case 3. T. A. is thirty years old and single. His father was a successful timber contractor and dealt in transactions that involved large sums of money. He was born in Tennessee and went to school in a small city. He attended regularly until he was fifteen years old, but completed only the fourth grade. (His mental age is 11 years, 10 months.) His account of his industrial record before entering the service is very fragmentary, and it seems that he does not wish to recall the details. He remembers only that just before enlisting he was his father's chauffeur. While in France, he developed a neurosis, the exact nature of which cannot be determined. He thinks he was somewhat confused and a "little off, mentally". Since the war, he has twice attempted, on a large scale, to carry on a taxi and bus business, but

failed each time because of overwork and poor judgment. At another time, he equipped, at a large expense, a moving-picture theater, but failed in that enterprise also. In addition, he worked at several different factory jobs for short periods, but did not continue because the noise and confusion got on his nerves. All of these enterprises were interspersed by periods of hospitalization for vague symptoms for which no physical cause could be found. He would remain in the hospital as long as he could and save his compensation and, when discharged, would invest it in some new enterprise.

In the course of psychotherapeutic talks, he expressed the desire to be a big business man like his father. He said many times, "I'm not a gold-bricker like some of the other patients. I've made good money on the outside and would leave at once if I had my health." He felt himself superior to regulations and would frequently break hospital rules with regard to passes. It seems certain that his neurosis is the result of the discrepancy between his ideals and his achievements.

This case illustrates the eternal conflict of the son with the father. Every boy's ambition is to equal or surpass his father. Failure to do so lowers his pride and, in the neurotic, symptoms arise to excuse the failure. The factor of mental deficiency also plays a large part in this case. One of the remarkable things about modern life is that so many find their proper level and so few are misfits. The selection is made by the wasteful method of trial and error. Finding his niche is especially difficult for the mentally inferior neurotic, for the failures which are inevitable, if he aims too high (as he usually does), aggravate his symptoms and make future adjustment very difficult.

Case 4. D. M. C. is twenty-seven years old, has an excellent physique, and is so attractive in appearance that he is often mistaken for a college athlete. His parents belong to the class known in the South as "poor white trash"—that is, they have no social or economic status and are generally shiftless. As a child he showed several neurotic traits, the most important of which were stubbornness and a speech defect. He attended school from six to ten, but did not complete the second grade. Psychometric tests give him a mental age of 10 years and 11 months, with an intelligence quotient of 68, which places him in the moron group. Before the war, he spent most of his time working on a tobacco farm for his father, who was a tenant. He also worked for a year in a soda fountain and for six months on a road-construction gang.

In 1915, he enlisted in the National Guard and went overseas in 1918. He had no serious illness in the service and enjoyed life in the training camps. He became very nervous and frightened when placed on the front lines, but carried on for two months until knocked down by an exploding shell, after which he was unconscious for thirteen hours. Thereafter, his speech became very much worse and he asked to be returned to the rear. His request was refused. Soon after, he was

wounded slightly on the hand and was hospitalized from that time until discharged from the army a year later.

Since discharge he has had vocational training in common-school subjects for several months, in agriculture, in auto mechanics, and in vulcanizing, and has failed in each of these projects. Each job he tried proved too hard for him, and an emotional upset accompanied each failure, with a return of his stuttering and "nervousness". He has been hospitalized five different times in this hospital and three times in an old soldiers' home and has received treatment in two other speech clinics as a trainee. Each period of treatment was temporarily successful in relieving all of his symptoms, but a relapse occurred as soon as he attempted an adjustment in the outside world.

This case is the best illustration we have seen of the practical philosophy underlying the popular song, "How you gonna keep 'em down on the farm after they've seen Paree?" He was able, as we have seen, in spite of his low mental-age level and his neurotic traits, to make a fair adjustment to his simple environment before service, and it is probable that if there had been no war, he would to-day be a happy and contented farm hand in the tobacco fields. After discharge, he exhibited his neurotic goal by being unwilling to accept any but "white-collar" jobs. He naturally failed at these because of his low intelligence. He felt insecure and inferior and his psychoneurotic symptoms developed as a defense mechanism for this feeling of inferiority. The attempts of the vocational board to rehabilitate him also failed because they did not take into account his mental age, and these failures tended to aggravate his neurosis. When placed in jobs for which he is really fitted, his feeling of inferiority becomes so accentuated that his nervous symptoms reappear. Hospitalization offered an escape from all unpleasant situations, and he has freely availed himself of his opportunities in this direction. In the hospital his symptoms disappear and he dresses up and enjoys life generally. His good appearance and his excellent ability to dance make him a veritable social lion. Dancing seems to be a compensation for his feeling of inferiority, for his stuttering almost disappears on the dance floor. In fact, this is the one situation in which he feels himself superior.

In this paper it has been our policy to speak quite plainly, as we feel that a clear understanding of the problem is necessary before attempting its solution. We do not, however, sympathize with those who blame too severely the neurotic

for his industrial failure or for his attempt to obtain compensation and hospitalization. His conduct is the resultant of a complicated set of forces, most of which are beyond his control. He, of course, does not realize that his symptoms are the result of, rather than the cause of, his failure.

The wisdom of the present legislation which grants compensation to psychoneurotics can be and has been debated. However, since there is such a law, we have no choice in the matter, and its provisions should be justly carried out. Little progress can be made in treatment if the neurotic feels that he has not been treated fairly. On the other hand, compensation should not be too liberal, nor hospitalization too prolonged. Frequent changes in rating tend to upset the neurotic patient. It would be better to give him a permanent partial rating, as one would a claimant for the loss of a limb, and inform him that no change will be made in this rating. He would then be much more likely to make a satisfactory social and industrial adjustment.

It is perhaps unnecessary to say that every neurotic should be given a very thorough examination to rule out physical disease. Very frequently an obscure organic basis is found for some of his symptoms. If this is amenable to treatment, it should be treated. If, on the contrary, nothing can be done for it, the facts should be explained to the patient. Frankness is essential, for, as Tom Williams has said, "A dreadful certainty is better than an uncertain dread", and a neurotic can adjust better to a known disability than to a misunderstood symptom.

Although we have employed psychotherapy in these cases, we have usually failed to give them much real insight. They have surrounded themselves with a well-nigh impregnable fortress of symptoms and rationalizations. We feel that the best solution of the problem lies in the field of vocational guidance. An attempt should be made to place the neurotic in a situation for which he is qualified. If he once succeeds, his symptoms tend to disappear, for a fictitious feeling of inferiority is incompatible with the fact of success.

SAN JUAN DE DIOS FINDS FOLLOWERS

MENTAL HYGIENE IN SPAIN

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* EDITOR'S NOTE: Mr. Brickell, who at the present time is traveling in Spain, has for a number of years followed closely the work of The National Committee for Mental Hygiene and the development of the mental-hygiene movement in the United States. His first contact with the work of the committee was in 1918, when the committee made a survey of the care and treatment of the insane and feeble-minded in Mississippi, at the request of Governor Bilbo. Mr. Brickell was at the time the editor of an influential paper in the state. He was one of the first of the public men of Mississippi to see the importance of the work the committee was doing for the state, and upon the completion of the survey saw to it that the report and its recommendations had wide publicity through the press of the state. In consequence the people of Mississippi were fully informed and the major recommendations of the report were put into effect. On joining the staff of the *New York Evening Post* in 1919, Mr. Brickell sought out the offices of the National Committee and volunteered his assistance in the educational work of the committee. This was readily accepted and Mr. Brickell has since rendered valuable services to the committee as an adviser in certain of its educational activities.

IT IS generally accepted as a fact that the first asylum for the insane—hospital would be an inexact word in this connection—was established in Granada by a Dominican friar, San Juan de Dios, so that Spain may fairly claim to have started the mental-hygiene movement.

It was in 1300 that the good friar used to go daily through the streets of his Andalusian city with a bell and a basket, begging alms for his sufferers from mental disease. He did no more, of course, than furnish them with food and a roof over their heads, but one has to know only a little of the feeling toward the insane that prevailed during his century to appreciate his courage and to realize that he was the forerunner of a long line of men and women who have devoted their lives to improving the condition and the care of mental sufferers.

Unfortunately, Spain has progressed little if any in the care of the mentally ill since San Juan de Dios started his asylum. The monks of his own order care for the insane

to-day, receiving a small sum for each patient from the government. Such a thing as modern psychiatry is virtually unknown, and that statement carries with it the implication that the abuses familiar to all students of the history of the care of the insane persist here to-day in their worst forms.

There are just now some signs of a change. Psychiatrists with American and German training are beginning to multiply, at least in the larger cities, and from one of them, who is coming to be widely known for his work with the mentally ill and also with subnormal children, I got my information about mental-hygiene conditions in this country.

He is Dr. Gonzalo R. Lafora who, after completing two and a half years of work in the government hospital at Washington and in New York clinics, returned to Madrid some three years ago and established the first private sanitarium for nervous and mental patients. He is just now completing a private school for subnormal children.

I had the pleasure of an evening's chat with him in his home, and the distinct pleasure of hearing him say that there were many signs of an awakening of interest in modern mental hygiene throughout the larger cities of Spain. It is likely, in fact, that a meeting of neurologists and psychologists will be held either in Toledo or Madrid this summer for the organization of a society for mental hygiene.

Through his contacts with the mental-hygiene movement in France and Germany, Dr. Lafora is well informed on the work of The National Committee for Mental Hygiene, and expressed the greatest admiration for the progress that had been made in the United States during the past two decades.

"When I returned to Madrid to begin my practice", he said, "I encountered the familiar prejudice against psychiatry—that is, the familiar desire on the part of the families of mental sufferers to keep their trouble a carefully guarded secret. While this prejudice remains, especially among the upper classes, the situation has altered very materially. My sanitarium is full all the time, and I have a long waiting list.

"The psychiatrists of Madrid, and of Spain generally, do a great deal of charity work, of course, and we find the poorer people—the peasants—not only willing, but delighted to take advantage of every opportunity we offer them, and quite

ready to bring incipient nervous cases to us in time for us to help them.

"There is no preventive work in Spain whatever except for these privately operated clinics. In the general hospital here there is a psychiatric ward for thirty men and thirty women, but no patient is allowed to remain more than one month.

"As might be expected, our asylums are generally badly overcrowded. There is only one government hospital, which is situated near Madrid; for the rest of the country there are provincial asylums where the care is of the most primitive variety. The attendants are usually of a low order and cling fast to an old superstition that the more the patients are beaten, the sooner they will recover. The straitjacket is the only method of dealing with disturbed patients and the usual chain of abuses and cruelties is to be found practically without exception in all our asylums.

"On the legal side, our last laws were passed in 1848 and are of the most primitive character. Commitment is extremely difficult, and so bound up with legal red tape that the laws completely defeat their own ends. Police officers are not allowed to handle the violently insane, which means, of course, that many dangerous persons are allowed full liberty. We are without the observation wards that are so valuable a part of your American system."

It had interested me very much in my travels through Spain, both in the small towns and the cities, to observe that despite the widest possible prevalence of every known variety of liquor dispensary, I had not seen any drunkenness. I asked Dr. Lafora about alcoholic insanity in Spain, remembering what a serious problem it has been—and is—in the United States. The reply was:

"With us, alcoholic psychoses are virtually non-existent. They are among the rarest forms of insanity in Spain. In the mining districts of the North and the industrial regions of the South, one finds a few cases, but generally, it is no problem. Nor are we bothered to any extent by narcotic psychoses. During and just after the war there was a sort of fad for drug-taking, but it has passed. The masses in Spain are forced to be temperate. They have not the money to spend for drink, and there are, therefore, few drunkards."

There are other reasons, too, why these people are so temperate, although the economic factor cannot be overlooked. In six weeks of living in Madrid, during which I have gone about a great deal among all classes of people, I have not seen so much as one person who had had too much to drink, and in the cafés the vast majority of men drink coffee with hot milk, sometimes with a little brandy, more often not. In the saloons, they will sit for an evening over a pony of anisette or a small glass of cheap wine.

Venereal disease is widely prevalent in Spain, but here again we come upon a rather surprising state of affairs. Despite the fact that syphilis is widespread, there are strikingly few cases of paresis in the hospitals and Dr. Lafora says the condition is rarely met with. In the large hospital of Ciempozuelos, just outside Madrid, a recent statistical study showed that of 1,200 male patients there were only 25 cases of general paresis, and of 900 women, only 8 cases.

There are four venereal-disease clinics in Madrid, organized along the most modern lines and giving free salvarsan treatments. Gonorrhea is, of course, the cause of an appalling amount of blindness in Spain, and the problem of the blind is no less acute and moving than that of the insane.

Prostitution is licensed, and as is usual in continental countries, there is a system of examination. Remembering some studies I had read of conditions in France and Germany, I asked Dr. Lafora if the examinations here were as farcical as in most other countries. He said they were carefully enough made, but, as usual, did not reach the poorer class of prostitutes with sufficient thoroughness to be any guarantee against the transmission of venereal disease.

In the direction of the prevention and cure of venereal disease, Spain is not so laggard as in many ways. Lectures on the subject have been given throughout the country within the past few years, and a conference was held in Barcelona last year which is expected to result in the establishment of more clinics and a greater impetus to the educational movement.

Spanish psychiatrists have to leave their country for training, as there are at present no schools that offer courses. Many go to Germany—it is a little surprising on one's first visit to Spain to find just how close the *rapprochement* between

this country and Germany really is—while others get their training in the United States.

When Dr. Lafora established his private sanitarium, it was a difficult problem to find nurses and none were to be had with any training. So he set up his own training school, using peasant girls for the most part, uneducated and ignorant, but fine human material, and he has found them very capable. One of the remarks about Spain and Spanish people one hears most often, both from the lips of the native and the foreigner who knows the country, is: "The peasant is the real aristocrat of Spain." It is a remark one can fully endorse from one's own experience.

The most widely prevalent form of insanity in Spain, Dr. Lafora said, is schizophrenia, which makes up more than 60 per cent of the cases that come under his observation.

Dr. Lafora, with several other psychiatrists, edits a mental-hygiene quarterly, *Archives de Neurobiologia*, and writes widely on Spanish aspects of mental-hygiene problems. He is as keenly interested in the problem of the subnormal child, for whom little or nothing has been done in Spain—there are in Barcelona and Madrid a few pitifully small special classes—as he is in the insane.

With a large and growing private practice and all his other interests, he is an enthusiastic devotee of painting—he painted much himself in his youth—and has written an unusually interesting pamphlet, *Psychological Study of Cubism and Expressionism*, showing the relation of these two modern techniques with the painting and drawing of the insane.

To the American who knows what can be done to bring sufferers from mental disease back to health and who is even slightly *au courant* with the remarkable developments of modern psychiatry, the situation in Spain might at a glance appear well-nigh hopeless. But the mental-hygiene movement as we know it is very young, and with even a few men like Dr. Lafora, there is no reason why this country should not in time honor the memory of the admirable San Juan de Dios by moving up in the van of the nations that have adopted a civilized attitude toward the problems of mental hygiene.

ABSTRACTS

ENVIRONMENTAL HANDICAPS OF 400 HABIT CLINIC CHILDREN. By Bertha C. Reynolds. *Hospital Social Service*, 12:329-36, December, 1925.

The children discussed in this article were selected from the first 492 applications to the habit clinics of the Massachusetts Division of Mental Hygiene. The 92 excluded were slight-service cases whose social histories were not available. Otherwise, the cases were taken consecutively. Sixty-seven and five-tenths per cent of the children were under six, 84 per cent under eight, and all but 2.5 per cent under twelve. A few were referred by parents, but the majority by visiting nurses or social workers. Sixty-six per cent came from homes and neighborhoods in which foreign customs were predominant—Italian in 43 per cent of the whole number, Jewish in 23 per cent. About 25 per cent were of American-born parents.

Although the first four clinics were started in what are considered poor neighborhoods of Boston, only one in ten of these 400 children were suffering from lack of physical necessities. But 322 had suffered in various other ways from poverty of environment. A normal home, it is to be assumed, should provide for the child not only food and shelter and care, but also some training in conduct and in religion, some idea of obedience to law, some of the culture of the group to which he belongs, a chance to express himself in play and to mingle with other children of his own age, and affection from his own circle. In 80.5 per cent of the 400 cases, the home failed in one or more of these requirements. In the remaining 19.5 per cent, the homes were considered adequate, the maladjustment being due to other causes—chiefly physical or mental disease or defect, or some lack of understanding on the part of the parents. "In other words", as Miss Reynolds puts it, "not quite 20 per cent were problems for the psychiatrist uncomplicated by serious defects in home life."

In 280 cases, or 87 per cent of the group whose homes were at fault, the failure was spiritual rather than material. Eighty-three per cent of the 280 had apparently received from their parents no teaching as to the meaning of right and wrong conduct; 78 per cent were suffering from lack of effective parental control; 47.8 per cent came from homes that, to all appearances, had no cultural interests; 41 per cent lacked opportunities for normal play and 23.6 per cent

opportunities for social contact with other children; and 10 per cent were unloved.

The lack of training and discipline in this group, Miss Reynolds points out, must be considered in relation to racial setting. Among Italians, for example, the belief is prevalent that children under school age are "too little" to be disciplined, and added to this there is sometimes a superstitious fear that the child will die after punishment, leaving his parents to suffer lifelong regret. It may be that in an Italian village, where the child is early called upon to assume responsibility for younger children, where he comes into close contact with the unyielding forces of nature, and where the organization of family life is more stable, this delay in training is of less consequence than in an immigrant home in a tenement. It is the experience of the clinics, however, that the Italian parents with whom they come in contact are themselves apparently handicapped in their parenthood by lack of self-control, which may or may not be due to lack of early discipline.

The figures with regard to lack of educational advantages mean little in themselves—simply that in the homes in question there was no reading matter other than a foreign or American newspaper. These homes may offer other cultural opportunities in the shape of folk lore and homely philosophy, even a really fine appreciation of music and art, and—in the case of the Jewish homes especially—may imbue the children with a desire for knowledge that sends them out eager to take advantage of the opportunities provided by the school. Yet, from the practical point of view, they go out handicapped, with minds either culturally barren or preëmpted by a foreign culture, and very naturally, therefore, may have some difficulties in their school adjustments.

No data were secured as to home training in religion in this group, as it was thought best to avoid inquiries that might arouse prejudice or suspicion. But from impressions gained in visiting and from the fact that conduct training was so generally lacking, it seems probable that there was little religious influence of a vital sort in these homes.

An even more serious problem than lack of discipline is the lack of opportunities for normal play from which one-third of the cases studied were suffering. "In every case", Miss Reynolds states, "a congested city neighborhood was at the bottom of the difficulty. . . . Children are kept prisoners in homes and on doorsteps till the desire for active play is gone out of them or they get old enough to defy their distracted jailer. Parents have seen children picked up bleeding from the path of a truck and they fear. They have not seen the connection between playless childhood and warped, inefficient adult years."

Since contact with other children comes about largely through play, it is not surprising that of the 77 children who lacked such contact 56 were also deprived of play. The other 21 played, but alone or with adults in close supervision. Ten of them had no brothers or sisters to play with; 9 did not get along well with other children; and 2 were excluded from the society of other children because of bad habits.

Of the 33 children who were not receiving the normal affection that a home should give, 13 were definitely disliked by father or mother, 12 were in institutions or frequently changing foster homes, and 6 were suffering from the unhealthy emotional attitudes of mentally abnormal parents.

An effort to get at the causes back of the inadequacy of these homes brought to light certain situations very menacing to the mental health of the children. In 51 cases friction between parents or relatives was an outstanding feature of the home life—in half of these cases connected with drinking, gambling, or lack of responsibility on the part of the father. Mental defect or disease was at the bottom of it in 11 cases, and temperamental differences between the parents in 10. In 14 families it had reached the point of a separation between the parents. Conflicting ideas as to child training had resulted in a serious division of authority in 35 homes, though in 19 of these the parents were amicable about their differences. Other causes of friction were racial or religious differences between the parents, a wide disparity in age, and jarring relatives.

In at least 27 cases—it is impossible to say how many more—there had been early exposure to sex knowledge or experiences in the home. Sixteen children had shared a room with their parents; 8 were known to have had sex experiences with brothers or sisters or companions; and carelessness at the birth of another child had had serious consequences for at least 2.

Approaching the problem from another angle, a study was made of the handicaps of the parents represented. In 225 cases the parents were ignorant to a degree that precluded even a crude interchange of ideas about their problems. In 48 families physical illness was a handicapping factor, the father being unable to work or the mother unable to manage the housework and the care of the children. Mental or nervous disability in one or both parents was a disturbing factor in the lives of 110 of the children. In 18 cases, one or both parents showed a distinct lack of responsibility for the child, sometimes amounting to indifference. On the other hand, 85 children were considered to be the victims of over-solicitude. "There were certain conditions which seemed to accompany this misfortune fairly often. The child was an only child in 19 cases and the only boy in 23 in all. The mother was neurotic in one-fourth the cases. Loss of other

children, widowhood of the mother, advanced years of the parents, unhappy married life accounted among them for another quarter. One-fourth of the children had had much illness or had met with some injury." Over 58 per cent of the over-solicitous mothers were Jewish. Here again, as in the case of the Italian parents, the ideals of the community are largely to blame. Jewish mothers are reluctant to put into effect disciplinary measures for fear that the neighbors will think them "without a mother's heart".

One of the surprising things revealed by the study was the comparatively small amount of abnormality among the children themselves. Only 6 per cent were diagnosed as cases of mental disease or defect; 13 per cent more were considered by the social worker to have poor personality make-ups; and 32.5 per cent were suffering from some physical disability, such as enlarged tonsils or adenoids, or were in poor physical condition.

There seemed to be a certain significance in the position of the child in the home. Forty-seven were only children; 80 were the only children of their own sex in the home; 108 were the oldest, and 83 the youngest; 24 were adopted or placed-out children; 26 had the misfortune to be the favorite child of one or both parents; 85 were considered peculiar by their families and were advertised as such among their parents' friends.

"The tragic thing about the homes represented in this study", Miss Reynolds concludes, "seemed to be that the children were not harmonious elements of a happy, coöperative family, but combatants on a battlefield where usually the laurels were pretty much on one side. In 209 cases they were with the children. The methods used fall into three classes which we may call the method of violence, the method of stubborn resistance, and that of playing on the weaknesses of parents through appeal to sympathy or weariness or fear. A resourceful child might use all of them; 104 relied prominently on noise, destruction, kicking, and striking, 109 on stubbornness, while 152 whined or cried their parents into submission; 27 of the 152 had developed some terrifying physical symptom which made it imperative that they be given their way. More than half of these had fainting attacks or 'blue spells' without physical cause, while others vomited, stayed awake at night, or otherwise awakened parental solicitude.

"In what per cent of cases the parents were the victors is impossible to tell because of the difficulty of distinguishing between normal parental direction and the mistaken control that warps a child's life. Only those cases were listed where parental domination was so clearly unwholesome as to constitute a problem, being either cruel, a manifestation of parental bad temper—and hence not a method of dis-

cipline at all—or else a control by fear. In the latter instance statistics mean little, since obedience is not a test of the child's being really controlled. Fear based on threats which amount to nothing sometimes evaporates, leaving a cynicism which may obey, but leaves its possessor quite the victor in the contest. However, we felt that 22 of the 400 children were dominated by fears, of which the most common were those of punishment or the bogie man in some form, 21 by physical punishment, 24 by lying promises and a few, 17, by sheer force of will or by emotional appeal to be good because mother was ill or for love of her. This latter form is capable of great abuse, as in the case of one fine lad with a good mother whose need of wholesome play and companionship with other boys of his age was being placed in false conflict with his real love for his mother. The fits of stubbornness by which he reacted to the pull in two directions were still further used against him as evidence that he was not a loving son. Mother love may curse as well as bless. If it does not fit its dear one for other loves and sterner realities, it kills instead of giving life.

"This study reveals a tremendous educational problem. If more than half the parents of these children were too ignorant to live understandingly in the world of common life, if 80.5 per cent of the children failed to find adequate home care, including training in conduct for living with other people, what can be done about it? Almost universally the parents were ignorant of some of the simple, common-sense principles of child training. In addition to trying to furnish a skilled diagnosis of what the real trouble might be underneath a bewildering complex of symptoms, the clinic was kept busy teaching such simple ideas as, 'You cannot lie to your child and expect him to go on believing you', or, 'Bribing is only payment for wrong doing', or 'Fear controls for a little while, but either hardens the child or makes a coward of him in the end.' These ideas ought to be as much a part of common knowledge as the use of milk for babies, and, if they were, would make a large part of the habit-clinic work unnecessary.

"When we, as a people, care supremely for the upbringing of our children, care enough to provide training for young people in parenthood as carefully as in reading, writing, and arithmetic, when we believe in play enough to see that no child misses it because of the accident of living in a city wilderness, when we learn enough about living together to prevent our quarrels from embittering our children's lives or our foolish love from sapping their vitality, then perhaps we shall be fit to be the guides of the children of the future."

STANFORD'S PROGRAM OF UNIVERSITY PERSONNEL RESEARCH. By Lewis M. Terman and Karl M. Cowdery. *The Journal of Personnel Research*, 4:263-67, November-December, 1925.

Stanford's program of personnel research grew out of an experiment instituted in 1921 as the result of a realization that the university was spending \$335,000 a year—about one-third of its instructional budget—in the attempt to educate unsatisfactory or doubtful student material. In order to find out how far the unfit could be singled out by intelligence tests before matriculation, it was decided to require the Thorndike intelligence examination of all new undergraduate students. The scores attained were to have no effect upon matriculation, but were to be correlated with the students' university records. In 1923 the committee in charge of the investigation reported on the results and recommended that the Thorndike test be made a permanent entrance requirement, that students scoring below 50 be denied matriculation, and that scores be taken into account in filling the quota from candidates who exceeded 50. The resolution was adopted, and in 1924 the selection of students by means of the tests was begun.

Apparently the new requirement had the immediate effect of frightening away some of the dullards who would otherwise have applied, for while the average score of *matriculated students* in 1921 and 1922 had been only 71, in 1924 the average score of *applicants* was 75.36 and of *accepted candidates* 78.7, and in 1925 the score of *applicants* was 77.1 and the score of *accepted students*, though not definitely determined at the time the paper was written, promised to be 80 or higher. That is to say, the average score of entering students has been lifted about ten points in two years, and applicants who rank among the lowest tenth of the former student body have been definitely excluded from the university. "By giving suitable publicity to the fact that Stanford is in the market for brains", the authors state, "and by slightly increasing the weight given to the intelligence score in the sifting of applicants, it would be possible to set the lower limit at what was once our average, and to bring the average to a point which was formerly reached by only 10 or 15 per cent of our student body."

The effect of the new requirement upon the student body has been almost as marked. During the year 1920-21, 30 per cent of the student population were placed upon probation or were disqualified on account of poor scholarship, and the average percentage for this and the three following years was 28.5. In 1924-25, the first year in which the intelligence tests were used in the selection of new

students, the percentage of students who came to the attention of the authorities because of low scholarship was only 21.8.

In 1925 a new step was taken in the appointment of a director of personnel research. The only prescribed duties attached to this position were the taking charge of entrance intelligence examinations, the recording and reporting of results, and the comparison of scores and scholarship records. Otherwise the director was given practically a free hand to make of the position what he could. The plans for the first year included the inauguration of special-aptitude tests and the continuation of work already begun on the statistical evaluation of various items in the application credentials and on the diagnosis of vocational interests.

In discussing the tests of vocational interest that are being investigated, the authors raise the question "whether specialization of vocational interest is not readily discoverable by introspection and self-observation without the aid of tests". Their answer is emphatically no. "The youth has no certain intuitive knowledge as to the psychological nature of the interests which characterize successful men and women in the several professions. Moreover, he is often misled by parental bias, by the personal interest of a favorite teacher, by incomplete and inaccurate knowledge of vocations, and by numerous other circumstances of environment and training. Perhaps half or more of our college freshmen are very uncertain regarding their vocational interests, and the findings of one of the writers (Cowdery) indicate that some who feel fairly certain are probably in error."

Plans are being made also to institute a series of special-aptitude tests, such as the Seashore tests of musical ability, the Thurstone tests of engineering aptitude, and other special-ability tests as they become available. The authors feel that it is especially imperative to make a study of special aptitudes in relation to high intelligence scores. "If", they point out, "peaks of special ability exist in the higher ranges of general intelligence, as they seem to exist in the middle and lower, it is time we were learning how to identify and triangulate them, for the waste in vocationally misplaced intelligence at the higher levels is a far more tragic affair than misplacement at the lower levels. When the potentially skillful mechanic becomes a third-rate salesman, it is unfortunate; if a potential Shakespeare becomes a second-rate scientist, or if a potential Darwin becomes a second-rate poet, the whole world loses."

The authors venture the prediction that before many years test services such as they have been discussing will be installed in all the leading colleges, and may even be extended to include tests of character and personality. They feel that "to predict such a development to-day is less visionary than it would have been twenty years ago to

predict that in the year 1925 school children by the million and college students by the hundred thousand would be given intelligence tests''.

In addition to its research program, the personnel department should aim to be of practical service in the administrative work of the university. "It must be able to supply, on short notice, significant data needed by the committees on scholarship, admission, registration, vocational guidance, honors courses, graduation, etc. Coöperation with the dean of men and dean of women is definitely implied. The work of the appointment secretary could be made more effective by the use of data available from personnel research. Like the research division of a large industry, the personnel department of a university should, without the handicap of executive or instructional duties, be constantly engaged in testing the materials, processes, and products with which the university is concerned. It must be able to supply many kinds of needed facts regarding student personnel, and a balanced interpretation of those facts, to the committees and administrative officers who can most effectively put them to work."

TREATMENT OF GENERAL PARALYSIS BY INOCULATION WITH MALARIA.

By Henry A. Bunker, Jr., M.D., and George H. Kirby, M.D.

The Journal of the American Medical Association, 84:563-68, February 21, 1925.

This is a report on fifty-three cases of general paralysis that were treated by inoculation with tertian malaria. In their preface the authors outline the evolution of this method of treatment, from Wagner von Jauregg's experiments with various fever-producing agents to the present time. They frankly admit that the method is purely empirical, being based upon no known principle. The supposition that the high degree of body temperature produced by the malaria is the chief, if not the sole, factor responsible for the favorable result has against it the fact that, in the case of general paralysis at least, "the thermal death point of the spirochete is 56 C. continued for ten minutes, although it is stated that the organism fails to grow at temperatures in excess of from 40 to 41 C. (104 to 106 F.)". On the other hand, Weichbrodt and Jahnel found that "the complete disappearance and death of spirochetes present in serotal chancres in rabbits could be brought about by the exposure of animals so infected to temperatures of from 42 to 43 C. (107.6 to 110 F.), provided such exposures were repeated not less than three times. It likewise appears somewhat suggestive that Wagner von Jauregg obtained what would seem to have been progressively better results in

the treatment of general paralysis as he employed increasingly effective febrifacients."

The authors mention as of passing interest in this connection, "the statement of Delgado that from ancient times it has been the custom of Peruvian natives suffering from uta—a leishmaniasis of the skin and mucous membranes—to repair to certain localities where malaria is endemic, the tradition being that after a number of attacks of malaria the lesions of uta cicatrize and are cured". The authors point out that if this is true, "it presents an interesting analogy to the treatment of general paralysis with malaria in the effect of a febrile condition on a protozoal infection".

The question that naturally arises as to the influence of intercurrent infections in syphilitic persons upon the subsequent development or non-development of general paralysis cannot be answered definitely from present data. On the one hand there is the statement of Mattauschek and Pilez that in a series of 4,134 army officers who acquired syphilis between 1880 and 1900, there was not one among the 195 who subsequently developed general paralysis who gave a history of having had an acute infectious disease, such as malaria, pneumonia, and erysipelas, during the first few years after acquiring syphilis; while of 241 who had an acute infectious disease during that period not one developed general paralysis. But on the other hand there is Kirschbaum's report of ten general paralytic patients who had had malaria during the secondary stage of their syphilis.

The experiment reported in the present paper covered the period from June, 1923, to November, 1924, when the paper was written. The fifty-three patients, all males, who were inoculated were unselected except for the exclusion of far advanced cases and cases in which language difficulties would have seriously interfered with a satisfactory mental examination or the obtaining of an adequate history; otherwise they were transferred to the male service of the Psychiatric Institute as they were admitted to the reception service of Manhattan State Hospital. In all the cases, the diagnosis of general paralysis could be made with reasonable certainty.

After a period of observation, including a weekly record of weight and two or three lumbar punctures, the patients were inoculated intravenously with from 1 to 1.5 c.c. of typed citrated blood obtained from a patient already under treatment. The authors state that they used the intravenous method of inoculation, in preference to the subcutaneous method used in the majority of European clinics, because of the shortened and more uniform duration of the incubation period (from three to seven days as compared to from nine to seventeen days). In order not to complicate the therapeutic picture, the malarial treatment was not followed by the use of arsphenamin.

Each patient was allowed to have between eight and twelve definite febrile attacks, after which the infection was terminated by the administration of 10-grain doses of quinin sulphate three times a day. This quinin medication was in all cases continued over a period of one week, but the drug is so efficient in case of "inoculation malaria" that only three patients had an attack of fever after the first day of its administration.

The authors had the same experience with the atypical and irregular course of inoculation malaria that other writers have noted, the attacks of chills and fever taking place every day far more frequently than every other day. On the other hand, intervals of three or four days sometimes occurred between attacks. In one case there was an interval of six and in another of eleven days between attacks, during which plasmodia were demonstrable in the blood. These intervals were succeeded by paroxysms of greater intensity than before. It was the authors' experience, however, that with successive passages from patient to patient, the course of the infection tended to become more regular.

In view of the theory that the beneficial results of the treatment may be connected with degree of temperature attained during the malarial paroxysms, the authors made a study of maximum temperatures in 470 attacks, temperatures being recorded hourly. In 387, or 82 per cent, of these attacks, the temperature reached 104 F. or higher; in 324, or 69 per cent, 105 F. or higher; and in 223, or 47 per cent, 106 F. or higher. In this matter of temperature, there was a marked difference between the two "strains" of plasmodium—i.e., blood obtained from two cases of tertian malaria—with which the authors have worked, the second strain apparently producing a more intense febrile reaction. This second strain had at the time of writing undergone twenty-two passages from host to host and seemed to show a definite increase in "virulence", if intensity of febrile reaction is a criterion. A comparison of the first eighteen patients inoculated with this strain with the second eighteen shows that in the case of the former a temperature of 106 or above was reached in 33 per cent of their 158 attacks, while in the case of the latter, this degree of temperature was attained in 92 per cent of their 182 attacks.

No serious complications were encountered during the treatment. All the patients showed anemia, from which they recovered within approximately two weeks without treatment, and most of them lost weight; but the authors have reason to believe that this latter symptom may be partly a matter of dietary control. They feel, however, that although hardly to be classed as a complication, "general paralytic convulsions have presented a feature of possible significance in rela-

tion to malarial treatment which . . . seems to lie outside the sphere of coincidence and which at any rate appears to warrant further investigation. Five of the patients treated "entered the hospital with a history of typical general-paralytic seizures, their most recent convulsion having occurred nine days, forty-eight days, fifty-nine days, seventeen months, and twenty-eight months, respectively, prior to inoculation with malaria. Not one of these five patients failed to have at least one convulsion during the actual course of the malaria; or, in one case, within two weeks of the final attack of malaria. Three patients died as a direct result of their seizures; the remaining patients have now survived one month and six months, respectively, without the recurrence of convulsions. On the other hand, two patients who, as far as is known, had never had a general paralytic seizure prior to admission, developed convulsions, one during the course of malaria and the other on the seventh day following the final attack of malaria; two months and three and one-half months, respectively, have now elapsed without the recurrence of seizures."

The authors summarize the clinical results of the treatment as follows:

"Of the fifty-three patients inoculated, eleven have been treated too recently to allow an expression of opinion; two received a course of malaria on two separate occasions; and one failed to acquire the infection after repeated inoculation.

"Of the thirty-nine patients remaining, six died during the actual treatment (five) or within a month of its completion (one) and one died eight months subsequent to treatment after a slight remission of five weeks' duration. Three of the group of six died as a direct result of convulsions; in the case of the other three, death may have been hastened, but was hardly directly caused, by the malaria.

"Of the thirty-two patients now alive at the end of from three to thirteen months from the conclusion of treatment, fourteen are considered as either unimproved or more or less improved (only one of these fourteen is definitely worse), and eighteen are considered as much improved and may be regarded as exhibiting fairly complete remissions, with a residual mental defect, save in the case of perhaps two patients, either undemonstrable or of the slightest possible degree. Seventeen of these patients were discharged from the hospital from one to ten months ago, and fourteen have returned to their former occupations." Of the other three, two, recently paroled, seem fully capable of resuming active work; but the third, a lawyer of standing, still shows minor, but persistent defect symptoms of a mental character that have caused the matter of his reëntering practice to be deferred.

"The outstanding characteristic of the eighteen much improved cases", the authors state, "is the really excellent degree of insight into their previous and present mental condition which, without exception, they exhibit. Less dramatic, but nevertheless well marked, is the improvement in retention, and in the performance of intelligence tests of the Terman type. Memory for recent events regains an acceptable level, although a persisting partial or complete amnesia for some period of the actual psychosis is, as indeed might be expected, not infrequent. A striking feature is the marked sense of well-being which rather the majority of these patients experience—to be distinguished, needless to say, from the morbid elation of the disease itself; some of them state that they have not felt so well for years." The authors do not wish to be understood as implying that these patients are free from residua of any kind; but with the exception of the two cases mentioned, such residua as are exhibited consist almost entirely of "slight defects or abnormalities on the emotional level. At the worst, this may consist of some persistence of emotional instability. The lesser manifestations might be described as in some instances a tendency to mild and transitory depression; in other cases as a certain sobering, so to put it, of the outlook of the individual; and in still others as a diminution of former initiative."

The authors did not find as much improvement in physical signs as they had been led to expect by reports from European clinics. They did, however, observe a rather striking degree of improvement in the ataxia of their three patients with tabo-paralysis. In one the improvement, though definite, was only moderate, "but the other two, from being practically unable to walk in safety without assistance, now get about in a decidedly active manner. Curiously enough, not one of these three patients, all treated more than a year since, has evidenced the slightest degree of mental improvement."

The general finding that there is no parallelism between clinical and serological results in cases treated by inoculation with malaria was borne out by the authors' experience, at least in the sense that patients with definite remissions sometimes showed very little improvement in spinal-fluid findings, while cases in which the spinal fluids became completely negative were entirely stationary and unimproved in a clinical sense. At the same time, there did seem to be a certain degree of correlation between clinical and serological improvement, though the authors admit this correlation may be more apparent than real, owing to the smallness of their groups. On the whole they feel that in many of their cases not enough time has elapsed since the completion of treatment to warrant a conclusion as to serological results. In the case of six patients who received

treatment more than a year ago, serological data obtained at intervals after the completion of the treatment "suggest not only that positive spinal-fluid findings tend to become more or less slowly modified in the course of six months to a year or more subsequent to treatment, but that the cell count is the most quickly and easily affected, and the Wassermann reaction is the most resistant, while the colloidal gold curve becomes very slowly, but eventually modified in the majority of instances, and the globulin, although quickly reduced as a rule, becomes negative only very slowly and in only a certain proportion of cases."

Summing up, the authors state that their results are completely confirmatory of the data already reported and lead to the belief that treatment of general paralysis with malaria is unquestionably a method of value; also, that "the proportion of cases in which the disease appears to be brought to a standstill as judged by clinical criteria, in addition to the proportion in which a striking degree of mental improvement comes about, is in itself not without possible significance".

TRYPARSAMIDE. By H. C. Solomon, M.D. *The Boston Medical and Surgical Journal*. Vol. 191, pp. 1093-94, December, 1924.

Dr. Solomon, of the Boston Psychopathic Hospital, has given here a short summary of medical opinion with regard to the use of the drug tryparsamide in the treatment of neurosyphilis.

"Tryparsamide", Dr. Solomon writes, "is a pentavalent arsenic compound prepared at the Rockefeller Institute of Medical Research in the quest for a drug for the treatment of trypanosomiasis. The reports on its use for this purpose, though few in number, have been of the most encouraging nature, as they suggest that the drug leads to the sterilization of the blood and cerebrospinal fluid in a very short time and produces clinical recovery.

"In 1923, a report was published by Lorenz, Loevenhart, Bleckwenn, and Hodges, on the effect of this drug in the treatment of neurosyphilis. They report both serological and clinical arrest in 100 per cent of the cases of meningovascular syphilis. In the cases of parenchymatous syphilis, including a good many cases of general paresis, they reported 63 per cent arrested and 15 per cent improved. Not only was the effect on the clinical symptomatology interpreted by them as satisfactory, but they also obtained marked improvement in the spinal-fluid findings.

"Some months later, Moore, Robinson, and Keidel reported their results in the treatment of neurosyphilis by tryparsamide and the findings were almost identical with those of their predecessors as re-

gards the spinal-fluid improvement and clinical effects. Results as favorable as these had not been reported previously as following the use of any other drug. Subsequent to the satisfactory results obtained by the two above-mentioned groups of workers, the Rockefeller Institute released the drug to a number of clinics in various parts of the country, including the Psychopathic Hospital and the Massachusetts General Hospital in Boston.

"At the meetings of the American Neurological Association and the American Medical Association in the spring of 1924, several more reports of tryparsamide in the treatment of neurosyphilis were presented, including those of Schwab of St. Louis, Stokes of the Mayo Clinic, Wile of the University of Michigan Clinic, Ebaugh of Philadelphia, Solomon and Viets of Boston, and a second report by Moore. It was practically unanimously agreed that the drug was effective and in many instances gave brilliant clinical and serological recoveries in cases of neurosyphilis.

"Our own personal experience has been quite satisfactory. In many cases of paresis and tabes we have obtained results that seemed quite impressive. Improvement of patients' conditions was frequently observed after treatment with arsphenamine had failed to produce anything that we considered as satisfactory. Of course we have many failures also to report, and we believe that tryparsamide will not entirely displace intraspinal, intracisternal, and intraventricular therapy in the treatment of neurosyphilis, but there seems little doubt but that it will take its place as one of the very important drugs in the treatment of these conditions.

"The work of Moore, Robinson, and Keidel brought out one very important point, namely, that tryparsamide has very little, if any, spirochetal action in early syphilis, and that it was by no means as effective in primary and secondary syphilis as the arsphenamines. They strongly advise against the use of tryparsamide in early syphilis. It is very interesting to contrast the very beneficial results of tryparsamide in the treatment of late syphilis of the nervous system with the unsatisfactory results in the treatment of early generalized syphilis. An explanation of its apparent value in the former group of cases is not readily forthcoming. From the result of chemical analysis, it has been stated that its penetrability into the cerebrospinal fluid is much greater than is that of arsphenamine, which may be one factor in explaining its effects. Another point is that it apparently improves the metabolism, as the patients all gain in weight, as well as developing a feeling of well-being when the drug is given. It may be that a large part of its favorable action is due to raising the general immunity of the patient. There is one very important drawback in the use of the drug and that is its tendency

to produce amblyopia. Like atoxyl, to which it is chemically related, it has a tendency to affect the optic nerve. In from 2 to 5 per cent of the patients given tryparsamide, visual disturbances occur. The majority of these regain their vision when tryparsamide is discontinued. However, in a small number the defect is permanent and in a very few cases the effect may be quite marked. This is a distinct handicap in the use of this preparation and means that it should not be used carelessly, but only with due consideration of the gravity of the condition which one is combating and with the utmost watchfulness to prevent the continued use of the drug when visual symptoms occur.

"A great advantage of the drug is the simplicity of its use. It is an easily soluble powder which does not deteriorate when exposed to the air. It is relatively non-irritating even when given subcutaneously, although its usual mode of administration is intravenously. It causes practically no unpleasant reactions as do the arsphenamines, and when its effects are satisfactory, it obviates the necessity of the more complicated and more uncomfortable subarachnoid injections."

BOOK REVIEWS

DYNAMIC PSYCHOLOGY; AN INTRODUCTION TO MODERN PSYCHOLOGICAL THEORY AND PRACTICE. By Dom Thomas Verner Moore, M.D. Philadelphia: J. B. Lippincott Company, 1924. 444 p.

The author of this useful work is professor of psychology at the Catholic University of America, director of the clinic for mental and nervous diseases at Providence Hospital, Washington, D. C., and, most interesting, a "monk of the Order of St. Benedict". His ecclesiastical affiliations, be it said at the outset, have done little, if anything, to dwarf or distort his point of view; on the contrary, his religious training has enabled him to add to a very excellent equipment in psychology and psychiatry some of the scholarship of the ecclesiastical philosophers and their shrewd intuitive psychology. The more points of view that are taken toward the age-old problems of mind and its disorders, the richer will our knowledge become. It is greatly to Dr. Moore's credit, therefore, that he has enriched the dense stream of psychopathological and psychiatric literature with the pertinent wisdom of the church philosophers, without losing his scientific balance.

Among the objects of his book, as stated in his preface, is an attempt to give the student "a foundation for a practical understanding of his own inner life that will be of assistance to him in the solution of the mental difficulties that continually arise in the course of an ordinary existence". Here again Dr. Moore has succeeded better than have the writers of technical treatises in psychotherapy, on the one hand, and the cheerfully money-making "popularizers" of their works, on the other. He has made his presentation interesting without making it morbid in the process; at the same time, his presentation bears the earmarks of a carefully documented and solidly founded scientific work.

The book is divided into the following parts: *The Analysis of Mind, Stimulus and Response and Human Behavior, Human Emotional Life, The Driving Forces of Human Nature and Their Adjustment, Psychoanalysis and Psychotherapy, and Volitional Control*. A word will be said later about the validity of the arrangement of some of these fundamental topics. At this point the reader's attention is invited to the fact that the term "human" appears frequently in the above titles. This illustrates the fact that while Dr. Moore's work contains numerous careful references to work in

comparative psychology, he has not allowed himself to fall into the trap that too zealous behaviorists dig for themselves—that is, he has insisted upon the fundamental differences that exist between human and animal psychology in spite of the many similarities. Under each of the above parts, there are a number of chapters, and the concluding part contains a thought-stimulating critique of the concept of the soul and a useful glossary of technical terms.

The technique of presentation is both historical and critical, and the author does not merely dissect his subject, but synthesizes his discussions with fairness and clarity. The discussion is greatly enriched by citations from the author's own experiences as an experimental psychologist and clinician. The author's philosophical training has enabled him withal to cluster his facts and views about a few fundamental principles.

Dr. Moore has also made a discriminating use of the literature, the roster of names indicating that in his search for the truth he has left no important stone unturned. One meets the names of James, Prince, McDougall, Freud, Jung, Adler, White, Loeb, Jennings, Watson, and so forth, and in addition many names of important contributors to the periodical literature, especially the Germans. In addition Dr. Moore has the rare faculty of being able to summarize in brief compass the views of the masters without thoroughly misunderstanding them, completely distorting their conceptions, or leaving out their very essences. His summaries of the views of Freud, Jung, and Adler, for example, although somewhat too brief, are well rounded. As will appear below, however, it is the reviewer's opinion that much more thought and space might have been devoted to the theories of McDougall. There can be little doubt but that these theories will to a large extent stand or fall on the basis of the rich material of psychopathology; and all experienced workers should inform students of the light thrown on the instinct psychology by the psychiatric clinic.

Dr. Moore appears to have been one of the earliest writers to consider the ethical implications of the psychology of the unconscious. Thus, he asks, "What happens to human responsibility if the mind is subject to unconscious drives?" While his reply is not as convincing and conclusive as he believes it to be, it still furnishes an interesting point of departure in the discussion of this problem. He says: "It is not necessary for us to know why a course of action appeals to us in order to resist it. The sexual drive is strong, but not irresistible. The fact that it masks itself under the temptation to steal does not make it overpowering. The unconscious, by shuffling the cards, makes peculiar and uncanny problems, but not insoluble

ones. We are all subject to pathological associations. No one can render an account of all his likes and dislikes. But it is not necessary in order to behave ourselves with decency and discretion. Something may appeal with a peculiar, indescribable, and inexplicable charm. Analysis of the charm is not necessary in order to see whether or not the course of action it leads to is or is not in accord with the ideals of conduct. The ability to compare action with the standards of conduct is the root of freedom. If we would escape the drive of the unconscious, we must regulate our conduct according to principle. If, however, we follow whims and fancies and thoughtlessly yield to desires, the unconscious bears us along and we know not whither we are going." (Pages 27-28. See also pages 392-401.)

This answer leaves unanswered the vexing practical question which one meets with both in ordinary human relations and in the administration of criminal justice: How can we ever tell what impulses are or could have been actually resistible or not? Hadfield's *Psychology and Morals* treats this entire vexing relationship between mental make-up and ethical responsibility in a more satisfactory way, though his treatment, too, leaves much to be desired.

Dr. Moore, in dealing with the various principles of the different schools of psychotherapy, constantly discusses them in the light of his own experience, giving a frank estimate of their validity on the basis of the facts unearthed and the theories suggested by clinical observation and therapeutic practice. This is an excellent method when used with absolute frankness, since it enables others to judge both of the validity of the theories and the practical value of the methods used by the author. At the same time it suggests to other workers in the field further observations and experiments. However, Dr. Moore's scientific honesty and engaging frankness at times lapse into an almost amusing naïveté. Thus he tells us with great seriousness how certain of Freud's ideas have been borne out by his own observations, especially in the field of dream analysis, apparently oblivious of the fact that not a few other psychiatrists have anticipated him in establishing the validity of some of the Freudian constructions. In spite of this, Dr. Moore's illustrative case material from his own practice is in many cases more convincing than Freud's own materials, especially those of *The Interpretation of Dreams*. Teachers of abnormal psychology would therefore do well to look into Dr. Moore's contribution with its teaching value in view. The blunt frankness already mentioned is also apparent when Dr. Moore's experience leads him to disagree with Freud. Thus, his experience convinces him that far from the dream "regularly" running back in its essence to the experiences of early childhood, it "seldom" does

so; and the usual objection is raised that according to experience all dreams do not "have in them something of a sexual element", Dr. Moore attributing this and other of Freud's faults to an exaggerated tendency to generalize. Nevertheless, it is refreshing to read, after the above criticism, the words of a student of Freud who is above all eminently fair and intellectually honest, when Dr. Moore says that it can be proved "that many dreams that seem free from it [the sexual element] are nevertheless found on analysis to reveal some kind of hidden sexuality". (Page 32.)

Dr. Moore's fairness could be illustrated in many passages, but one more will suffice. Discussing the apparent exceptions to Freud's dogma that all dreams are wish fulfilments, he says: "It may be that Freud is right in referring the dreams that seem to be exemplifications of the inadequacy of his theory to a desire on the part of the patient to prove that his theory is wrong. As a matter of fact, patients do attempt to demonstrate the falsity of the theory when once it has been proposed to them, or at least they will give a dream which is apparently not a wish fulfilment and say: 'There, this shows that the theory is not correct.' " (Page 34.) He then gives illustrations of this typical attitude from his practice.

He offers an interesting theory as an explanation of the sudden change from logical to symbolic thought in the passage from waking to sleeping mental life, which theory he claims does away with the necessity of postulating Freud's "censor". "Perception in waking life, as may be proved by many examples, is the fusion of incoming sensations with past images and categories of experience. In our sleeping life the sensations are largely lacking. Instead, we have a train of thought and the hypnagogic hallucinations [Myer's term for the visual and auditory images which flit before the mind when one is about to fall asleep]. These hypnagogic hallucinations are seized upon by the train of thought, modified by it, and woven into the fabric of our dreams. No censor is necessary." (Page 36.) But one may ask why and how these images are "modified" by the "train of thought". The concept of the censor lends reason and logic to this process, and analysis frequently shows the resultant mental constructions of the somnolent phase of mental life to have had "method" and purpose behind them; they are not haphazard, mechanical, meaningless productions.

Dr. Moore classifies the fundamental forms of mental activity into mental functions or mechanisms by which the forms of awareness are produced, mental products or the "resultant of the activity of the mental functions, the forms of awareness themselves", and mental dispositions, or "traces" that are "left of the change that is wrought

in the psyche as a result of the activity of any of the mental functions". (Page 43.) While this distinction is more useful in some respects than the traditional tripartite classification into cognition, affection, and conation, since it indicates that these three forms of mental activity do not function in isolation from one another, such a classification has certain pitfalls. For example, it readily leads one to regard the "traces" of mental function in too mechanistic a way; indeed, Dr. Moore seems to fall into the *tabula rasa* misconception when he says "as life proceeds, the tablet of the mind commences to be filled with all sorts of writings". (Page 45.) For a study entitled *Dynamic Psychology*, this is entirely too static a conception. Nevertheless, Dr. Moore's general point of attack is useful and lends itself nicely to subclassification of an intelligent kind. Thus "mental functions" embrace the three classes of reception, construction, and conservation; the group "mental products" includes the "feelings" and emotions on the one hand, and cognitive functions on the other; and "mental dispositions" cover "general dispositions", which include temperament and character, and "special dispositions" or habits. Having given his classification, Dr. Moore reminds the reader that while the foregoing are "elements" of the mind, they are not "in" the mind, but themselves constitute the dynamic "stream" of mind.

It will be seen from the foregoing classification that Dr. Moore approaches his task with no preconceived narrowness. Neither the methods of objective behaviorism nor the techniques of introspection will discover all of the truth; neither the concept of innate dispositions nor the concept of mechanical, automatic "stimulus and response" tells the entire story. The true scientist seeks the facts and uses every known reasonable device to find them.

After the general discussion outlined above, there follows a simple presentation of "stimulus and response"; but the foregoing has already prepared the reader for behaviorism in its proper setting. Chapters are devoted to "reflex action", "reflex action and reaction-time experiments", "tropisms". Theories of the "affective mental states" ("experiences" would be better) are then discussed historically and critically, and there is an interesting and practical chapter on the "expression of the emotions", in which the work of Cannon is analyzed and the James-Lange theory effectively criticized.

Dr. Moore divides affective mental experiences into "simple feelings" ("those that arise in response to mere sensations" and "those that arise in response to meanings and intellectual insights") and emotions ("one or more simple feelings along with concepts, sensations, and a more or less complex bodily resonance which is partially

specific and partially common to all emotional states"). Nowhere does the term "sentiments" appear, and as to the latter group mentioned above, it seems much more useful and in accord with the facts to divide them into primitive emotions and complex sentiments, after the manner of McDougall.

Dr. Moore appears to put the cart before the horse when he says that "every human emotional complex has an important element—intellectual insight into the situation that is involved. This insight into the situation is the cause of the emotion." (Page 132. See also page 316.) Intellectual insight may increase or decrease an emotion, but it does not "cause" the emotion in any real sense of the term. Indeed the presence of an emotion frequently compels us to exercise intellectual insight. It is surprising that a therapist of the experience of Dr. Moore should thus insist upon getting the chain of cause and effect confused. This portion of Dr. Moore's work is in its entirety the poorest. His treatment seems to have broken off the emotional life from the cognitive, or rather superadded it to the latter. He makes the same unsatisfactory treatment of volition, which for some reason best known to himself he puts at the end of his work after having discussed the principal mental mechanisms and devoted considerable space to psychotherapeutic practice. It gives the reader the impression that after Dr. Moore had completed his work, he, like the boy who took the clock apart and then put it together again, had an important wheel left over; so he wrote his chapter on volition. The second portion of the book is not nearly as well organized as the first.

We seriously question also the arrangement of Parts III and IV, the former dealing with the emotions, the latter with "the driving forces of human nature and their adjustment". The logical approach seems to us to be to treat of the driving forces of human nature and the emotional life of man together. Nevertheless, this portion contains some valuable criticism of Watson's interpretations of one or two of his famous experiments, such as his scientific observation of the "behavior of the noddy and sooty tern, that seems on superficial analysis to bear out the concept of the concatenated reflex" (page 138), but that, on deeper reflection, is shown to be unexplainable on the theory of a complex "chain reflex". At this point Dr. Moore's views of behaviorism may be given: "It is impossible to investigate everything in our mental life by objective methods, for this inner experience is far richer than its manifestations by actions or reactions that can be the objects of an external observer's experience. Nor has Behaviorism been able to attain its goal and predict and control human behavior. A pure Behaviorist would have little place in a

psychological clinic or the schoolroom or the juvenile court, etc. Whenever one wishes to understand any of the real problems of mental conflict, or penetrate into the real causes of the difficulties of life, one has to obtain introspections from the patient in trouble. His reactions alone will not give the insight into his personality that is necessary in order to give him the help he needs. Psychology should enable us to solve the difficulties of the human race as well as to investigate the curve of learning in white rats, dogs, cats, or human organisms." (Page 9.) To this brief, but destructive critique must be added the simple reminder given by Dr. Moore that none of us has as yet been able to perceive the operation of his own mind. "The brain is unknown to those absolutely ignorant of anatomy." No one has as yet felt his "nervous currents". "Neurochemistry is not psychology." These processes may influence conscious life, "but their nature, their character, or anything whatsoever about them, is not given to us among the immediate data of consciousness". (Page 19.) The man who would control human behavior is but little interested in neurological processes or "traces". He is interested in the chief interests of the human family, in what men live for and by, and in how their conduct can be modified and elevated to a higher level; how their loves, their strivings, and their hungers can be squared with socially acceptable conduct; how their perfectly real experiences, their conflicts, can be resolved. In spite of the fact that the technique of Freud, Prince, and other masters is based largely on the birth pangs of introspection, a number of psychologists insist upon categorizing their psychologies as behavioristic, a position in itself requiring a strange sort of purposive introspective rationalization!

According to Dr. Moore, "impulses are the real psychological elements in instincts" and "an impulse is a tendency that we experience, in the presence of an actual opportunity, to make use of any one of our human abilities". (Page 140.) Has Dr. Moore never heard of the excellent advice to "make your own opportunities"? Certainly there are numerous occasions when an instinctive urge manifests itself without the "presence of an actual opportunity". Our impulses do themselves create the opportunities necessary for their expression. Dr. Moore tells us "there are just as many impulses as there are human abilities. Instincts are merely groups of impulses or desires to which popular parlance has given names." (Page 141.) But it is to be regretted that he did not support his statement with a careful analysis of McDougall's facts and theories. Indeed, too many works have appeared, including some ostensibly on "instinct", purporting to dispose of McDougall's views without much ado, but exposing an amazing lack of acquaintance with

that psychologist's own works and a hopeless confusion between the specialized concept "instinct", as McDougall carefully expounds it, and the popular and poetic misuse of the term to denote every faculty, ability, or disability under the sun. Dr. Moore is distinctly not of this class of careless critics; but it appears to the reviewer that in his *Dynamic Psychology*, he could have thrown much more light on the mysterious human dynamo than he has if he had treated McDougall's views with as much care as he devoted to those of Freud, Jung, and Adler.

In other portions of his work Dr. Moore is forced to make use of the instinct concept. "Reflex action, impulse, desire and emotions are at times elements of complexes that we term instinctive reactions. Thus, in defending oneself against danger, there will be an emotion of fear, a desire to flee, impulses to strike, vasomotor reflexes along with the reflex secretion of adrenalin and its effects on the mobilization of sugar, the fuel for muscular action, on muscular tonus, etc. The whole operation of the instinct of self-preservation in this case is a very complex affair." (Page 187.) In spite of this complexity which Dr. Moore stresses it is quite clear that there is an underlying purposiveness, a typicality of phenomena, which he is forced to recognize as a unified, teleological something that he himself calls an instinct.

The book contains a good chapter on desire, the portion dealing with "the management of desires" being especially suggestive; but the entire treatment is weakened by the author's conception of "impulses". There follows a useful chapter on conflict, containing an interesting discussion of the "self-ideal" and of Adler's concept of "organ inferiority" and Meyer's dynamic concept of dementia praecox. "The important lesson that the study of the conflict teaches us is that the undesirable human reactions are dependent on its outcome. The discontented grouch, the sarcastic, the cynical, the psychoneurotic, and the demented are what they are because they have failed. They need not have become what they are. They have mismanaged their lives. . . . They must have guidance now and direction from one who knows better than they. If this is so, the psychologist who would come to their aid should not only understand their type of reaction, but should also be one who has not mismanaged his own life, and has not muddled his own affairs." (Page 181.)

In the following chapter Dr. Moore introduces two new terms, "psychotaxis" and "parataxis". The former he employs "to signify the mental adjustments of individuals to pleasant and unpleasant situations—especially since such reactions often consist in a rearrangement of one's ideas in which some drop below consciousness and

others appear on the surface". (Pages 182-183.) The "positive psychotaxes" are the "tendencies to enjoy pleasant states of mind or to make use of pleasant emotions and feelings"; tendencies to avoid unpleasant situations are "negative psychotaxes". The term psychotaxis is useful to unify that variety of reactive phenomena—defense reactions, compensation, sublimation, and so forth. Psychotaxes are distinguished from rational readjustments, attempts to meet reality squarely, and necessary conscious repressions. These constitute "a directive power that is exercised over impulse . . . not a psychotaxis, but a voluntary effort . . . under the influence of intellectual insight and ideals of conduct". (Page 186.)

Extreme degrees of adjustment to difficulties, abnormal adjustments, as hysterical compulsive seizures in a patient without permanent stigmata of hysteria, Dr. Moore designates parataxes. Upon this basis he discusses in successive chapters the parataxes of depression, of anxiety, of defense, of compensation. Interesting illustrative case material is used throughout.

Part V contains excellent summaries (but all too sketchy critiques) of the work of Freud, Jung, Adler, and Meyer, already alluded to. In this connection Dr. Moore's attempts to employ the term "psychoanalysis" to cover the techniques of those whose methods differ essentially from Freud's should be discouraged. Freud's use of the term is highly specialized and those who have broken away from the school should invent their own terms, not only to avoid confusion in the literature, but in justice to Freud.

Part VI, which deals with volitional control, is an admirable summary of the various theories of the will, including the associationist conceptions, the feelings schools, the kinæsthetic-sensationist concept, the behavioristic view. While this entire part seems to have been written as a sort of afterthought, it is skillfully executed, the author cutting to the root of the difficulties involved in each of the traditional views with a few sharp strokes. Especially useful is the author's marshaling of the evidence in favor of the reality of true volitional power. This discussion illustrates clearly the advantages that psychologists who have also a rich background of psychotherapy possess even in theoretical discussions over academic psychologists. Dr. Moore concludes "that the act of will is a mental element with its own quality, intensity and duration". His treatment of James' ideomotor theory is convincing. Here his conclusion is that there is no evidence for the first element of James' theory—"that a kinæsthetic image must be the cause of voluntary movement"—and that the universality of the second element—"that the idea of a movement tends to realize itself in action"—has not been demonstrated. (Page 330.) Woodworth's "theory of conceptual control"

(that "a naked thought can perfectly well perform its function of starting the motor machinery in action and determining the point and object of its application") and the work of Watson with infants are then subjected to critical analysis, the author's principal conclusions being the following: "Concepts or thoughts are necessary in the determination of what we are going to do. We cannot perform voluntary acts without knowing what we intend to do. The concept or thought of an action is not sufficient of itself to bring it to execution. The kinæsthetic image does not appear in consciousness in the execution of many voluntary actions. Its value, therefore, is problematical, and demands a further study. Besides the representation of an act there must be a *fiat*, an act of volition which is the final determinant of a voluntary act" and which "produces a neuromuscular coördination which may be maintained for a greater or less length of time in varying degrees of readiness for immediate execution, whenever the *fiat* involves a delay that is to be terminated at the giving of a prearranged signal. . . . The sensations found in passive movement are . . . one element of the voluntary movement sensation complex, even though they may not be essential for the actual execution of the movement. The form of sensation essential to the perception of passive movements is the feeling of stretching that comes to us from the skin and subcutaneous tissues. The form of sensation essential to the voluntary direction of active movements is the feeling of effort. This is a complex which results from vascular reflexes giving rise to various organic sensations from increased blood pressure, and also from sensations coming, in normal individuals, from the muscles and tendons of the moving member." (Pages 342, 367.)

The author's chapter, *The Pathology of Voluntary Action*, is founded on a study of the case material in the files of his clinic. He "tried to study out the various conditions that present a kind of static background for abnormal behavior". To a greater extent than would seem possible, Dr. Moore has apparently succeeded in differentiating such more or less static conditions as inherited constitutional defects from those due to lack of training. This chapter contains a number of interesting case studies. Dr. Moore again makes a difficult, though possible distinction between the following pathological conditions of conation: pathology of voluntary action due to "impairment of the will itself", that due to abnormality of the intellectual life, that due to abnormalities of the affective life, and that due to organic cerebral defect. Interesting discussions of methods of "training the will" and of volitional tests follow.

The study is rounded out philosophically with chapters on the freedom of the will and on the soul. Coming at the conclusion of

a practical discussion of mental mechanisms, mental disorders, and their therapy, these chapters carry with them greater authority than they otherwise would. Discussing the views of James and Ostwald as to the alleged inconsistency of the reality of freedom of will with the physical law of the conservation of energy, and considering the suggestive material of Driesch's great *Science and Philosophy of the Organism*, the author makes no extreme claims from his point of view, but concludes as fairly, in essentials, as he began: "We have no guarantee from philosophy alone that . . . a continuation of existence would, in any sense of the word, be desirable. Philosophy may show that it is inevitable and eternal. Divine revelation alone can guarantee the happiness of eternal life."

SHELDON GLUECK.

Harvard University.

MODERN MARRIAGE. By Paul Popenoe. New York: The Macmillan Company, 1925. 249 p.

This book represents a straightforward attempt by a leading biologist to present the most salient features of marriage as it should be. To say that he has done this with the strictest adherence to truth and with full consideration of present-day needs is but a small measure of the justice due the author even from the most critical reviewer.

No author desires mere platitudes in a careful consideration of his constructive efforts, and so I am inclined to disagree with the selection of the title. Modern marriage seems to consist of most of the things discredited in the book under consideration, and it would seem more appropriate to have called the volume *Ideals of Marriage* or *Normal Marriage*, for modern marriage—with its families of one or two children, its frequent ending in the divorce court, and too often its obvious legitimatizing of intercourse—is certainly what Professor Popenoe is writing against and not about. In the words of one of the philosophers in James Stevens' delightful *The Crock of Gold*: "A sword, a spade, and a thought should never be allowed to rust." This quaint Irish philosophy is most applicable to the work under review. A sword—in fact, a rapier—is constantly kept shining and sharp for repeated thrusts at ancient ideas concerning marriage, and to exterminate much of the old prejudice against biological instruction for those preparing for matrimony. The spade in the hands of Paul Popenoe will never rust, for its use is constant and efficient. Those who should not marry are clearly indicated, as are causes of sterile and unhappy marriages. Last, the thought is constantly in evidence in the careful consideration given such im-

portant topics as the historical background of marriage, the educational period for marriage, and the psychological and physiological aspects of child-bearing.

Modern Marriage is not written for the family doctor (if such still exists) or for the perusal of fond parents of adolescent children, but for young men and women, potential brides and grooms, and so we must inspect the book from their viewpoint. Many persons suffering from inherited and environmental inhibitions, from repressions and conflicts, will be wounded by the sword thrusts, shocked by the use of the spade, and indignant at the clear-cut application of intelligent thought. The wounds will heal, with new tissue sounder than the old; the shocks will produce a wholesome readjustment of cell structure; and the thoughts will bear sound fruit, even though at first repulsed and rejected.

In the appendix we have an account of "my first baby", written by a mother who has most graphic descriptive powers. It is probably the most vivid picture of the pain and glory of motherhood ever written, and should serve to teach prospective mothers the normal process of that crowning achievement of marriage, motherhood.

Modern Marriage might well be read by all between the ages of eighteen and thirty, as well as by many of their elders. Perhaps some of those who have been brought up to believe that knowledge leads to sin will misunderstand this book, but for the few distorted boys and girls who misapply its honest teachings, many more will profit by the straightforward, scientific presentation of a subject absolutely vital to future generations.

ARTHUR H. RUGGLES.

Yale University.

MANUAL OF PSYCHIATRY FOR THE MEDICAL STUDENT AND GENERAL PRACTITIONER. By Paul E. Bowers. Philadelphia: W. B. Saunders Company, 1924. 355 p.

This volume aims to give a comprehensive and systematic outline of psychiatry and to afford the student and general practitioner a reference handbook of definite, detailed information concerning mental medicine. The author states that he has excluded all controversial discussions and avoided conjecture and supposition in his attempt to give reliable data and conclusions.

The book consists of twenty-five chapters. The first four are of an introductory nature and include definitions, classification of mental diseases—the author using the classification outlined by the American Psychiatric Association and The National Committee for Mental Hygiene—etiology, and symptomatology. The discussion of

"mind", in the first chapter, to include three functions—"intellection or thinking", "emotion or feeling", and "volition or willing"—seems incomplete and apparently the dynamic point of view and some of the recent behavioristic doctrines were not considered. Psychoanalysis is not discussed at all in this chapter. The classification of mental disorders from etiological, psychological, pathological, and clinical viewpoints is in line with modern thought, in that the author emphasizes the need of studying the patient's reactions to social conditions and of attempting to understand the patient instead of merely classifying his disease.

The causes of mental disease, discussed in the third chapter, are summarized in a synoptical table. This chapter, like the following—*Symptoms of Mental Disorder*—allows for considerable individual choice and differentiation regarding the material presented.

For reviewing purposes, we may consider Chapters V to XX, inclusive, as the second portion of the book. This consists of a brief survey of all types of psychoses, discussing definition, etiology, pathology, symptomatology, differential diagnosis, progress, and treatment. The facts given are clear and concise, setting forth the salient features of each reaction type. The chapter on psychoses due to alcohol, drugs, and other exogenous toxins is an unusually good brief discussion of the subject.

The last five chapters, we think, could have better been placed in the first part of the book, particularly those that deal with methods of examination and treatment. The chapter on the relationship of insanity to crime is a valuable addition to the book.

On the whole, the book should prove valuable to medical students. It illustrates the need of standard psychiatric terminology, as well as of a common-sense and dynamic approach to the many problems of mental disorders in place of the older dogmatic, descriptive methods. Incidentally, it is to be regretted that the author employs the unscientific and obsolete term "puerperal insanity".

FRANKLIN G. EBAUGH.

Colorado Psychopathic Hospital.

CLINICAL PSYCHIATRY. By Edward A. Strecker, M.D., and Franklin G. Ebaugh, M.D. Philadelphia: P. Blakiston's Son and Company, 1925. 375 p.

This book, written, according to the statement on the title page, for students and practitioners, fills a long felt want. There are twelve chapters, dealing first with the approach to mental disease, next with the classification, and then with the descriptive and explanatory content of the psychoses; and at the end of the book is a most useful little glossary. None of the various textbooks published during

the past ten years meets the need of the student of mental medicine as well as this one. The authors have dealt with their material briefly and yet very comprehensively, and some of their case reports are the work of real artists who have produced finished miniatures. Psychiatry is presented here from the point of view that the patient is a human being not only with a brain and spinal cord, but also with a stomach, lungs, and glands of internal secretion, as well as a background that includes both hereditary and environmental factors.

It is refreshing to find a brief textbook of psychiatry that offers so careful a review of all the factors that influence human behavior, and that summarizes findings, treatment, and outcome so clearly. If one looks for faults, they are hard to find. Perhaps the weakest part of the book is the chapter on psychoneuroses and neuroses. This chapter seems a bit curtailed and superficial when compared with the rest of the book. One cannot but wish that the authors had told us a little more about psychogenetic mechanisms and had chosen an illustrative case of anxiety neurosis that had been more thoroughly worked up.

In a word, this is the best classroom textbook of psychiatry yet written. It should be in the library of every physician, nurse, and social worker.

ARTHUR H. RUGGLES.

Yale University.

ESSENTIALS OF PSYCHIATRY. By George W. Henry, M.D. Baltimore: Williams and Wilkins Company, 1925. 199 p.

There has long been need for a brief textbook on psychiatry. Almost in the same week we are furnished with two—one, the subject of this review; the other, *Clinical Psychiatry* by Strecker and Ebaugh. Dr. Henry's book contains eighteen chapters which cover the modern conceptions of personality development and its relation to the psychoses and psychoneuroses and describe all the principal groups of disorders of the mind. In addition, we have an excellent chapter on principles of treatment, one on psychiatric nursing by Adele Poston, R.N., and others on special precautions and emergencies, psychopathology of the normal, mental hygiene, psychiatric social service, medico-legal aspects, and psychiatric history, as well as a valuable bibliography.

Thus, we have a book that covers a very wide range of material on nervous and mental diseases. The subject matter is brought thoroughly up to date and is most interestingly presented, although the illustrative case material lacks somewhat in conciseness and in its

failure to give complete physical findings. *Essentials of Psychiatry*, in its most stimulating introduction by Dr. Salmon, in its clear approach to the mental processes that underlie mental disease, and in breadth of subject matter, is a real contribution to our psychiatric literature and should have a very wide appeal both as a textbook and for purposes of reference.

ARTHUR H. RUGGLES.

Yale University.

PSYCHOLOGY FOR NURSES. By Maude B. Muse. Philadelphia: W. B. Saunders Company, 1925. 351 p.

Those who are engaged in the instruction of nurses are frequently asked to suggest books dealing with psychology. Most of such books are too technical, are presented from some special viewpoint, or are not within the range of interest of the average nurse.

It is a source of great satisfaction to find among the new books on this subject one written with the special interest of the nurse in view. This book, whose author is instructor of nursing education at Teachers College, Columbia University, is designed as a textbook and reference book for nurses. Frequent applications of the text are made to actual nursing situations. The whole field of general psychology is presented in a clear, concise, and systematic manner. The author is to be congratulated on the success of her efforts.

It is possible that a more free and serious discussion of the newer dynamic psychology, sometimes referred to as Freudian psychology, might have been of advantage. This would have permitted a closer approximation to the understanding of actual life situations.

The last chapter discusses mental disorders from a psychological viewpoint. It is unfortunate that legal terms such as "sanity" and "insanity" should continue to be used with a medical meaning. As intelligence and reason are minor considerations in functional psychoses, the conception that such disorders are learned bad habits is rather inadequate.

GEORGE W. HENRY.

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THE EDUCATION OF HANDICAPPED CHILDREN. By J. E. Wallace Wallin. Boston: Houghton Mifflin Company, 1924. 394 p.

One of the results of the enforcement of compulsory education and the child-welfare laws has been the imposing of a new problem upon the public schools. Not only have truant and incorrigible children been made to attend, but also children who are physically or mentally

handicapped. The school must meet this new demand upon it as best it can, and the necessity for devising forms of instruction that will be of real value to the handicapped child has led various educators, doctors, psychologists, and sociologists to make a study of this phase of educational work. Among these Professor Wallin is an eminent contributor to the literature on the subject.

The divisions of material in the book under review show that in the selection of topics the writer had especially in mind the needs of special-class teachers and educators. Professor Wallin has devoted his first chapter to a sketch of four historical epochs in the development of work with handicapped children, dwelling briefly on the contributions of such people as Itard, Séguin, and Montessori. This is followed by a summary of the methods used in training mentally inferior children in institutions and colonies here and abroad.

In concluding the first main division, the author has written an interesting argumentative chapter on theories and definitions. He attempts to answer two questions: (1) Do the feeble-minded differ from the normal quantitatively or qualitatively? (2) Is feeble-mindedness a simple or a complex condition? The opinions of present-day psychologists on these points are given.

The second sections deals with the questions that confront the public school in relation to the education of handicapped children. The author outlines certain technical requirements which should be observed in the establishment, organization, and conduct of classes for children who are suffering from orthopedic, visual, auditory, speech, conduct, or mental defects.

He makes a special plea that the diagnosis of educationally deviating children be made only by experts. The boundary lines for all groups should be conservatively drawn, on the general principle—which is an axiom at law—that the benefit of the doubt should always be given the child. An attitude of judicious discretion should be cultivated by all examiners and teachers, for hasty decision may result in maladjustment for one whose mental status is uncertain.

The technique of organizing instruction for the mentally inferior and the educationally deficient child presents a large problem to every city. Five various plans for individual assistance are suggested. The author favors centers where work is departmentalized, but also states the advantages of rooms in the regular public grade schools. The attitude of parents is the main objection to a center. However, the aims of a special class are alike whether in centers or separate rooms—namely, to train pupils so that they will attain the maximum degree of self-support and be as slight a burden as possible upon society. The fundamental criterion must be the practical utility

of the subject matter taught. The dominant emphasis must be placed upon practical or vocational rather than upon cultural or academic objectives.

To the special-class teacher or the prospective special-class teacher, the chapters entitled *Efficiency of Instruction* and *Curriculum and the Teacher* will be especially helpful. If superintendents were fortunate enough to secure teachers who possess all the qualities set forth by Professor Wallin, the special class would cease to be a weighty problem.

The final chapters are devoted to a critical consideration of the possible ways in which the mentally defective class may become a positive menace to society. This extends beyond the real purpose of the book, but is well presented.

This book, written as it is from a rich background of experience, will be valuable to all students. Its value is increased by references at the end of each chapter and an appendix at the end of the book.

HAZEL YOUNG.

Letchworth Village.

MICROBE HUNTERS. By Paul De Kruif. New York: Harcourt, Brace, and Company, 1926. 363 p.

This is a thoroughly delightful book. We have not read all the novels of the winter, but we are willing to take the word of Mr. Heywood Broun that no novel of the year surpasses it in interest or romance. It seems to be generally assumed that the novel is the most recreative form of reading, and it is the novel that finds a place in the suitcase for the week-end or the trunk of a summer holiday; but occasionally a book appears that excels the novel on its own ground of plot and romance. Such a book is De Kruif's *Microbe Hunters*. Another, and an old favorite of ours, is *Pasteur: the History of a Mind* by Émile Duclaux (Saunders). These are books not for the study hour, filled with valuable material though they are, but for the hour before bedtime, the week-end trip, the holiday. There are more real thrills in De Kruif's book than in a shelf of detective stories—and we like detective stories well enough.

In a series of biographical sketches, De Kruif tells the story of the discovery of the world of bacteria, the "little beasties" of Leeuwenhoek, and of the adventures that have taken place since in the routing of superstition and the substitution of knowledge, as the scientist has pressed ever further his investigations into this field. The story is unfolded in major steps, accurately, but with a real sense for the dramatic. For each discovery, and the man who made it, De Kruif briefly, but skillfully builds a background of the time, so that the man

and his work stand out in proper perspective. One lives, for the moment, with the man in his time and in his laboratory; and one comes away with something of the feeling the man himself and his colleagues must have had at the moment the discovery was made.

De Kruif begins his account with Leeuwenhoek, the odd Dutch cobbler, who was "the first of the microbe hunters". The contention over spontaneous generation which came near to setting the Christian world on its head is told in a sketch of Spallanzani who showed that "microbes must have parents". Two chapters are devoted to Pasteur—one an account of Pasteur's demonstration that some of these "little beasties" are a menace, and the other of his study of rabies. In a chapter on Roux and Behring, which is dramatic not alone because De Kruif writes dramatically, but because Roux and Behring were actors in one of the great dramas of time, De Kruif tells of the experiments upon guinea pigs that resulted in the discovery of diphtheria antitoxin. It will be recalled that Sinclair Lewis, in his preface to *Arrowsmith*, gives credit to De Kruif for the scientific material in the book. It will be recalled also that one of the tense moments in the book concerns the decision of Arrowsmith, in the midst of an epidemic, as to whether his new serum shall be used experimentally, or be used with the hope of therapeutic value and the consequent loss of the experiment and the chance to prove beyond question the value of the serum. The scientific background of this incident is found in the life of Roux, and De Kruif tells of it in these words:

" . . . Roux looked at the helpless doctors, then at the little lead-colored faces and the hands that picked and clutched at the edges of the covers, the bodies twisting to get a little breath. . . .

"Roux looked at his syringes—did this serum really save life?

"'Yes!' shouted Emile Roux, the human being.

"'I don't know—let us make an experiment', whispered Emile Roux, the searcher for truth.

"'But, to make an experiment, you will have to withhold the serum from at least half of these children—you may not do that.' So said Emile Roux, the man with a heart, and all voices of all despairing parents were joined to the pleading voice of this Emile Roux.

"'True, it is a terrible burden', answered the searcher that was Roux. 'But just because this serum has cured rabbits, I do not *know* it will cure babies . . . and I must know. I must find the truth. Only by comparing the number of children who die, not having been given this serum, with the number who perish, having received it—only so can I ever know.'

"'But if you find out the serum is good, if it turns out from your experiment that the serum really cures—think of your responsibility for the death of those children, those hundreds of babies who did not get the antitoxin!'

"It was a dreadful choice. There was one more argument the searcher that was Roux could have brought against the man of sentiment, for he might have asked: 'If we do not find out surely, by experiment on these babies, the world

may be lulled into the belief it has a perfect remedy for diphtheria—microbe hunters will stop looking for a remedy, and in the years that follow, thousands of children will die who might have been saved if hard scientific searchings had gone on. . . .’

“That would have been the final, the true answer of science to sentiment, but it was not made, and who after all can blame the pitying human heart of Roux for leaving the cruel road that leads to truth? The syringes were ready, the serum welled up into them as he gave a strong pull at the plungers. He began his merciful and maybe life-saving injections, and *every one* of the more than three hundred threatened children who came into the hospital during the next five months received good doses of the diphtheria antitoxin. Praise be, the results were a great vindication for the human Roux, for that summer, the experiment over, he told a congress of eminent medical men and savants from all parts of the world:

“‘The general condition of the children receiving the serum improves rapidly . . . in the wards, there are to be seen hardly any more faces pale and lead-blue . . . instead, the demeanor of the children is lively and gay!’”

Other chapters are devoted to Metchnikoff, who discovered the nature of phagocytes; to Theobald Smith, who demonstrated the relation of ticks to Texas fever; and to Bruce and his work on the tsetse fly. Ross and Grassi divide the chapter on the discovery of the transmission of malaria, and the work of Walter Reed is discussed in relation to the transmission of yellow fever. The book closes with a chapter on Paul Ehrlich and his “magic bullet”, salvarsan, which has meant so much to the world as a specific in the treatment of syphilis.

The events of which De Kruif writes were dramatic. The material of drama lay in them because each dealt with an issue of vital importance in the life of man. They were made dramatic because courageous men grappled with these issues, determined to learn the truth at whatever cost to themselves or to the philosophies or sacred superstitions of the day. Equipped with a knowledge of scientific method, and expert particularly in bacteriology, the field in which these battles were fought, De Kruif has been prepared to write of them. His equipment has not been limited to technical knowledge, however, for he has been able to feel the events as well as to know the events—and what medical student has not known of them?—and to put into words both his knowledge and his feeling. The result is a book for every man’s library.

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

WHAT I BELIEVE. By Bertrand Russell. New York: E. P. Dutton and Company, 1925. 65 p.

In less than a hundred pages the author has given us an outline of his philosophy of life, telling what he thinks “of man’s place in the

universe and of his possibilities in the way of achieving a good life". In *Icarus*, a previous volume, he described his fears; in this book he describes his hopes.

With the progress of science, the physical facts of the universe and even its limitations are becoming comprehensible and correspondingly uninteresting. Since in such scientific fields the author finds no evidence of the existence of God and of immortality, "the central dogmas of the Christian religion", he turns to the field of social relationships in his search for a formula of the good life and becomes a scientific moralist, thereby replacing the old-fashioned kind, for which he has great contempt. He deifies man rather than God, believing that man is supreme as the ultimate and irrefutable arbiter of the world of values, and that he debases his kingship if he bows down to Nature—even Nature personified as God.

The good life, then—not necessarily a "virtuous" life, but one such as the author would like to live and see others living—is one that is *inspired by love and guided by knowledge*. It is through such a life that the greatest amount of satisfaction for each individual may be obtained, and the evils that result from the "active malevolence" in the world may be gradually eliminated. There are many superstitions in the moral field that are preventing our progress toward the realization of the good life. One, an ideal of strict monogamy, is making instinctive happiness impossible. In maintaining such a standard, the clergy are condemning acts which do no harm and condoning acts which do great harm. Other superstitions are seen in the lack of sex instruction to the young and the prejudice against birth control. Finally there are the great superstitions of nationalism and the punishment of criminals.

In view of Bertrand Russell's pessimism regarding existing social situations, his optimism regarding the millenium may seem somewhat extreme. "There seems scarcely any limit to what could be done in the way of producing a good world, if only men would use science wisely." He looks forward to a time when democracy will at last be realized and there will no longer be leaders and followers! However, he admits that the achievement will be a gradual one and that the methods to be utilized are a matter for future science to determine.

With great charm Russell takes us through many lands and ages in the brief space of this little book. If the reader agrees with the author's philosophy, he will devour the book with avidity; if, however, he disagrees with the author, he may find himself stimulated not only to express in an equally positive form his own philosophy of life, but also to seek for an explanation of the underlying reasons for Russell's philosophy, an interesting pastime.

New York City.

EDITH R. SPAULDING.

AN OUTLINE OF PSYCHOANALYSIS. Edited by J. S. Van Teslaar. New York: Boni and Liveright, 1924. 383 p.

Van Teslaar has attempted the difficult task of bringing together in a small volume articles representative of the various schools of psychoanalysis, written for the most part by the pioneers. As the result of such an undertaking, we might expect a compact source book in psychoanalysis, an especially valuable introduction for the student of the subject. After a selection of Freud's fundamental contributions, we would then follow, through source selections from the writings of Jung, Adler, and so forth, the various modifications and applications of the original concepts. Such an undertaking would result, however, in a voluminous book consisting of large blocks of material from few sources. It would be of value to the professional student rather than the general reader. For the latter, a book of numerous excerpts, showing especially the wide range and applicability of analysis to various fields of thought, selected on the basis of interest, convincingness, and non-technical language, would be preferable, certainly to the publishers.

If Van Teslaar actually was in this predicament, his choice was a compromise, and we have as a result a miscellaneous selection of articles by fifteen writers, all in 350 pages, some popular, some technical, some devoted to problems of technic, others to first principles, still others to the question of domain. Nevertheless, this volume represents a judicious selection of bits and is a good reference book for students who require a rapid introduction to the major concepts, because it contains Freud's Clark University lectures on the origin and development of psychoanalysis (50 pages), a good statement of Jung's position by Hinkle (*An Introduction to Analytic Psychology*—37 pages), and a very able summary of Adler's concepts by Bjerre (*The Adler Conception of Neurosis*—27 pages). Jelliffe presents his thesis through an illustrative case only too briefly (*Psychopathology and Organic Disease*—8 pages). Stekel is favored with two sections by himself (*The Meaning of Dream Symbolism* and *The Final Results of Psychoanalytic Treatment*) as well as by a eulogy in Van Teslaar's own introduction.

The sections cited are probably to be included under the heading "source material", in as much as each writer presented represents a "school of thought", or, at any rate, a well-known and well-represented point of view. The remaining articles are quite miscellaneous. Putnam's *Personal Impressions of Freud and His Work* is laudatory, defensive, and explanatory and is included purely as a compliment to Professor Putnam's courage and scientific spirit in spite of old age. It is followed by Ferenczi's rather heavy article, *Stages in the Development of the Sense of Reality*, a distinctly technical contribu-

tion. Brill is represented by his chapter on the only or favorite child in adult life, an article primarily clinical and statistical, showing the end results of an analytic investigation and in this respect differing from the rest. Pfister contributes to the volume *The Domain of Pedanalysis* and a discussion of the whole question of lay versus medical analysts. Since Pfister himself is a minister and a lay analyst, he makes out a strong case for the school-teacher-analyst, though it is difficult to see why this particular problem should be included in an outline. Rivers comes in with a chapter on psychology and politics—a companion piece to Pfister's, probably—showing the application of analysis to the fields of education and politics. Emanuel contributes an interesting clinical chat in his *Anagogic Psychoanalysis*. Van Teslaar ends the volume with an historical-philosophical article, *The Significance of Psychoanalysis in the History of Science*.

This review is limited to a consideration of the matter of selection. It will be seen from the headings cited that the book needs better weighting, more elimination of extraneous or repetitive material, and larger sections from fewer sources. We are still waiting for a satisfactory source book on psychoanalysis.

DAVID M. LEVY.

University of Chicago.

PSYCHOTHERAPY; MENTAL ELEMENTS IN THE TREATMENT OF DISEASE.

By Edward Wyllys Taylor, M.D. (Harvard Health Talks, No. 14.) Cambridge: Harvard University Press, 1926. 53 p.

This is the latest of the valuable series of "health talks" being issued in convenient and inexpensive form by the Harvard University Press. Other books in the series, each a public lecture delivered at the Harvard Medical School by a member of the faculty, are *The Care of Children*, by John Lovett Morse; *How to Avoid Infection*, by Charles V. Chapin; *New Growths and Cancer*, by Simon B. Wolbach; *The Causes of Heart Failure*, by William H. Robey; and *A Present-day Conception of Mental Disorders*, by C. Macfie Campbell.

Dr. Taylor's book sketches briefly and clearly the steps in the development of psychotherapy. He divides the periods into (1) preceding the eighteenth century—miracles, mysticism, domination of the church; (2) eighteenth century—charlatanism: mesmeric and animal magnetism; (3) beginnings of scientific method—Braid (1842), hypnotism; (4) clinical period—Charcot (1878), hysteria, Janet; (5) analytical school—Freud, Jung. Each period is discussed briefly and its relation to what has preceded is shown. In discussing the present approach to mental problems, through psychoanalysis, no attempt is made at a detailed exposition, as such exposition would

have been clearly beyond the intent of the lecture, but a clear statement is made of the major hypothesis upon which the work of the psychoanalysts rests, and the author concludes by saying: "The time has certainly come, and our knowledge, imperfect as it is, is sufficient to accept the broader implications of treatment which a rational psychotherapy permits. Again, I emphasize the word 'rational', since we have finally attained knowledge in this difficult, but most important field of research, which every well-trained physician must in some degree master, if, as he should, he sets himself the task of treating disease by all legitimate methods."

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

THE MEANING OF DREAMS. By Robert Graves. New York: Greenberg Publisher, 1925. 167 p.

The attitude of the author of this book towards psychoanalysis appears in the following quotation (pages 11-12): "Freud's position is briefly this, that every dream is expressing some sort of desire which the dreamer in his waking life has not been able to attain and, more than that, has not even claimed to consider, because somehow horrible or unnatural or very strongly disapproved of by the neighborhood. These wishes are centered in the passions, and in order to account for children dreaming, Freud has been forced to say that even very small children are subject to the same inclinations and passions as grown persons; it is this theory that has given Freud most ill fame and frightened away the common-sense man more than ever from the subject, particularly as the Freudian theory soon attracted to Vienna a number of students who liked nastiness for its own sake, so that the work which they did on the lines the professor laid down had nastiness as its chief aim."

With such an attitude of resistance toward psychoanalysis, there can be expected only the most superficial analysis of dreams. There is nothing in the book which shows that the author clearly comprehends the phases of libido and ego development, of the meta-psychological interpretation of dreams, of the mechanism of nightmares, or of the fact that dreams are the distortion of pre-conscious material by unconscious mechanisms. The book is a mixture of limited insight and severe resistances. The author criticizes Bergson's superficial theory of the peripheral origin of dreams, but on the other hand he hopes that his readers, after reading this volume, will be able to interpret their dreams for themselves. What about the resistances of auto-analysis?

The whole question of transference when the infantile past is

reanimated in the analysis is poorly grasped. There is no difference between the dreams of light sleep and of deep sleep, as is claimed, neither are the association tests used for dream analysis. The best chapter is that on dreams and poetry, particularly the marshaling of the material unconsciously used by Coleridge in the composition of *Kubla Khan*, done in much the same manner as that in which Amy Lowell has traced out the sources of Keats' famous sonnet, *On First Looking into Chapman's Homer*.

ISADOR H. CORIAT.

Boston, Massachusetts.

THE NERVOUS PATIENT. By Milais Culpin, M.D. London: H. K. Lewis and Company, 1924. 305 p.

This book, from the pen of a British physician, is another effort to elucidate to general practitioners the frequency of nervous disorders among their patients. The effort is to be commended, but the result cannot be wholeheartedly praised. Dr. Culpin has adopted a new classification of the psychoneuroses, but one that offers nothing definitely constructive and that is open to the very criticism that he makes of the older classifications. He abandons the term psychasthenia, he admits, with some reluctance, but retains neurasthenia, attempting to compensate for this by dressing it up with the addition of "actual", hardly a convincing gesture of nomenclature.

The description of the psychoneuroses and psychoses is attempted under the headings *Minor Psychoses* and *Major Psychoses*, to our mind a sound and broad conception of the fact that most of the psychoneuroses are not "nervous breakdowns" at all, but in reality disturbances of the psyche, and that the sooner we all understand this, the better treatment the patient is likely to receive.

Throughout the book we find instances of the author's lack of familiarity with the latest medical and psychiatric literature, as indicated by his observations on the medical and surgical treatment of goiter, as well as by the statement that we are without knowledge as to the cause of hypertrophy of the thyroid gland and, again, by his casual remarks on the loss of the sense of reality.

One chapter deals with exophthalmic goiter, stammering, epilepsy, and hysterical fits—rather a large order, considering our knowledge of the varying mechanisms underlying these conditions and the necessarily diverse technique of therapeutic approach.

Such a positive statement as, "Visceroptosis, with all its gross pathological sequelæ, arises through lack of muscular tone and is dependent upon a mental state", hardly commands the unqualified respect of the clear-thinking medical man and leads to the feeling that the author has often overstepped the bounds of scientific facts in attempting to

uphold his thesis. Applying the methods of analytic technique, I am led to the conclusion that Dr. Culpin, who states that he was doing surgery at the time of the Great War, has overcompensated for some of the inadequacies of surgery in his desire to prove the psyche the origin of most human ills, and that when he has dealt somewhat longer with the "nervous patient", he will incline to a broader and more scientific psycho-biological treatment of his subject.

This book contains a chapter on eye symptoms by Dr. W. S. Inman. Here we have a useful warning to the ophthalmologist against forgetting that his patient has emotions as well as eyes, and a clear demonstration that the indiscriminate use of glasses for minor visual defects may not bring the desired cure unless the mental life of the individual is also corrected.

Dr. C. Stanford Read contributes *The Major Psychoses in General Practice*. This is a clear-cut, frank, and forward-looking chapter which should impress upon the general practitioner the need of early recognition and understanding of the symptoms of mental disease. Dr. Read's contribution should be called to the attention of all general practitioners as it constitutes a valuable addition to our flood of mental-hygiene literature.

In conclusion (I almost said, *in memoriam*) *The Nervous Patient*, as presented by Dr. Culpin, challenges all non-psychiatric doctors to a psychiatric point of view toward their patients, but hardly clarifies the problem from the point of view of scientific approach. We praise the attempt, but believe that the author, after further investigation and wider reading, can in the future make a more valuable contribution to this important subject. It is to be hoped that he will, at all times, include the work of Dr. Read with his own.

ARTHUR H. RUGGLES.

Yale University.

THE SEXUAL LIFE. By C. W. Malchow, M.D. St. Louis: C. V. Mosby Company, 1923. 317 p.

This book, which has passed through six editions, was written before 1907 and bears the distinctive imprint of the discursive, descriptive sexology of Havelock Ellis and Krafft-Ebing. Having consigned it to this class, one may say that it deserves to rank with the best of its type. The well-established medical facts of sex hygiene are stated clearly and in the main accurately, the physiological data are impressively detailed, and innumerable quotations on questions of hygiene and morality are cited from a wide range of authors, from Hippocrates to Freud (one of his earlier works), from Plato to Marion Crawford. Throughout the book Dr. Malchow sustains a note of

sincerity and dignity and manages to convey a spirit of genuine insight into and sympathy with the struggles encountered in normal and even some of the intricate phases of abnormal sexual life. His advice is generally sound and reassuring and in many instances the close interrelationship between sexual irregularity and disordered functioning of other organs of the body is convincingly presented.

C. P. OBERNDORF.

New York City.

CHILD MARRIAGES. By Mary E. Richmond and Fred S. Hall. New York: The Russell Sage Foundation, 1925. 159 p.

The authors of *Child Marriages* remark that Americans still have a romantic idea that there is something peculiarly idyllic about child marriage, and then proceed to cite case after case wherein the romance vanishes on nearer view. In the chapter entitled *Married Children* data are set forth showing that out of ninety cases only sixteen married pairs were still living together. At this rate no high level of stability in home life seems possible.

Prepared as a part of a country-wide study of the administration of marriage laws carried on for several years by the Russell Sage Foundation, this section furnished so many unsuspected facts regarding child marriage that it was printed in advance of the larger work. The study was carefully and scientifically made, based on actual social research into the laws and their administration. Investigators visited ninety cities in twenty-eight states, securing firsthand material from records and license issuers and supplementing their findings with all available statistics. This resulted in the collection of certain surprising facts: Approximately 343,000 women and girls began their married life as child brides within the last thirty-six years. In fourteen states the minimum marriageable age is only twelve for girls; in nine states, it is fourteen years. Native white girls contracted almost as many youthful marriages as foreign-born white girls—13.3 per cent as opposed to 14.3 per cent, and first generation native white girls of foreign parents only 6 per cent.

The last chapter contains in brief a definite, practical program of reform. *Child Marriages* will doubtless become a handbook for a very important phase of preventive social work.

KATHLEEN ORMSBY.

The National Committee for Mental Hygiene.

OUTLINES OF INTRODUCTORY SOCIOLOGY. By C. M. Case. New York: Harcourt, Brace, and Company, 1924. 980 p.

This book, as might be guessed from the modest title, is a substantial volume, showing wide scholarship. It is another attempt to

solve, by means of well-selected readings, the unsolved problem of the first course in sociology. It covers the ground acceptably, though its treatment of the material in certain of its sections is inevitably very sketchy, and one questions whether it would not have been wiser to devote more attention to the strictly sociological fields and leave entirely to another course the social-economic problems.

Case's own approach is neither biological nor psychological, but cultural. Culture for him is the true domain of the sociologist, into which psychology and biology can shed light, but which they are inadequate in method and insight to explain or master. The field of social attitudes (social psychology) is, however, represented by extracts from Thomas, whose suggestive, but overworked and abused "four wishes" he also accepts. (Thomas' "Hegelian ladder" of attitudes and values should be compared with Healy's recent "circular-response" theory.) The sociological conception of the *person*, as contrasted with the psychic individual, is well developed.

In relegating psychology to innate qualities and implying that culture and psyche are independent universes of discourse, Case apparently accepts the very difficult position assumed by the American ethnologists (Kroeber, Lowie, *et al.*) as the only alternative to the impossible assumptions of the eugenists. It seems to the reviewer that it should be possible to reject the omnipotence of an all-inclusive Heredity without setting up an equally mystic independent entity, Culture.

The civilized educational process, in its aspect as the transmission of social heritage, is represented by the exceptionally constructive essay, *The Unprintable Textbook*, by J. K. Hart.

The physio-biologic basis of personality is recognized. One wishes that Kempf or other better recognized psychopathologists had been quoted in this connection. The possible contributions of psychiatry to social theory are hardly recognized.

Mental hygiene is represented by extracts from Healy, Bronner, and White, and what is now known as "the psychiatric attitude" is well described by Mead in an extract dating from 1918. The discussion of mental hygiene is limited, however, to children and criminals. The cultural basis of crime is well recognized. Defectives are treated as a eugenic problem.

Those who affect to sniff at sociology would do well to read a book of this sort, in which its limitations and its immaturity are frankly faced, but in which the study of its materials (social attitudes, cultural values) is shown to be useful, even indispensable, to the understanding of human behavior. Sociology used to be social

philosophy. At present it "ain't what it used to be", and those who had their sociology ten or twenty years ago cannot afford not to catch up with it.

Occasional bad spelling and proof reading mar an otherwise excellent publication.

THOMAS D. ELIOT.

Northwestern University.

FIVE PAPERS BEARING UPON THE SIGNIFICANCE OF SCAPULAR TYPES IN RELATION TO INDIVIDUAL LIFE ADAPTABILITY AND FITNESS.* By William W. Graves, M.D.

In lucid and interesting style, Dr. Graves, professor of neuropsychiatry at the St. Louis University, presents, in this series of papers, the findings and conclusions reached by him in his very thorough and extended studies of the human scapula or shoulder blade. A chief concern in this investigation, it seems, is the possible significance of the anatomic character of this bone in relation to the general question of mental and physical adequacy—that is, as an index, so to speak, of biologic fitness. The work takes on a very special interest at this particular time, lending added significance to recent contributions in the field of human constitution, notably by such workers as Kretschmer and Draper. According to these students, as is known, there would seem to exist a very real relationship between anatomic characteristics and individual make-up, even to the point of susceptibility to actual disease, both mental and physical. This angle of approach, obviously, is most fundamental and helpful to the proper biologic envisagement of human problems, emphasizing as it does the "total" nature of individual organization and response, and stressing the rôle of the host, as such, in relation to health and disease, to adaptation and maladaptation in the broadest sense.

Graves classifies scapulæ, anatomically, into two groups, the convex and the scaphoid. Scapulæ with concave or straight vertebral borders are designated as scaphoid, in contrast to the convex, in which the

* 1. *The Types of Scapulae*. American Journal of Physical Anthropology, Vol. 4, pp. 111-28, 1924.

2. *The Age Incidence of Scapular Types; Its Possible Relation to Longevity*. Address before the Association of Life Insurance Medical Directors, 1924. 31 p.

3. *The Relations of Scapular Types to Problems of Human Heredity, Longevity, Morbidity, and Adaptability in General*. Archives of Internal Medicine, Vol. 34, pp. 1-26, July, 1924.

4. *Methods of Recognising Scapular Types in Living*. Archives of Internal Medicine, Vol. 36, pp. 51-61, July, 1925.

5. *The Relations of Shoulder Blade Types to Problems of Mental and Physical Adaptability*. London and Edinburgh: Oliver and Boyd, 1925. 35 p.

vertebral border is outwardly rounded. While showing a tendency to vary with age, these types may, according to Graves, nevertheless be regarded in general as representing "innate" characteristics, transmissible from generation to generation.

Careful analyses of large contrast series of biologically adequate and inadequate types—and herein lies the crux of the author's thesis—show very striking differences from the standpoint of the comparative incidence of these two scapular forms. Thus, of a series of 233 medical students ranging in age from twenty to thirty years, 52.8 per cent were found to possess shoulder blades of the scaphoid types and 47.2 per cent of the convex form. Similarly, in 52 per cent of 867 army applicants—presumably an average group with an age range of twenty to thirty-five—the scaphoid type was noted, and in 47.3 per cent the convex.

However, in a series of 233 feeble-minded persons (age range twenty-one to thirty) the incidence of the scaphoid type of shoulder blade was 73.9 per cent and the convex only 26.1 per cent. And in a series of 381 prisoners (age range twenty to forty) the scaphoid form was found in 79 per cent and the convex in but 21 per cent. Likewise, scaphoid scapulæ represented 77.6 per cent of the total among 250 insane patients, ranging in age from twenty to thirty, and 82 per cent for a series of 270 prostitutes (age range twenty to thirty-four). Of interest also was the finding of a scaphoid incidence of 73 per cent as opposed to 50.5 per cent in large groups of tuberculous and non-tuberculous soldiers, respectively, of similar age distribution.

Of course, as is immediately apparent, certain of these groups are rather loosely conceived, representing at best but uncertain and somewhat heterogeneous categories. Nevertheless, it is equally apparent that very striking differences do obtain, indicating on the whole a predominance of the scaphoid type of scapula in individuals of inferior type, whether the specific basis of classification be physical, mental, or social.

The author also feels a greater longevity may be expected in persons with convex scapulæ, explaining in this manner the striking preponderance found for this type in the later stadia of life. This relation, as can readily be seen, is quite compatible with the demonstrated predominance of the scaphoid type in those of defective organization.

In conclusion, this work of Dr. Graves impresses the reviewer as extremely interesting and certainly deserving of really serious consideration. To the reader, the fifth paper of the series is especially recommended. This is a brochure of 35 pages, representing the text

of the Fourth Henderson Lecture, delivered by the author at Edinburgh in October, 1925. It is very complete in its treatment of the subject, yet entirely simple and untechnical and, it seems, may be secured from the publishers at the nominal cost of sixpence.

THEOPHILE RAPHAEL.

*State Psychopathic Hospital,
Ann Arbor, Michigan.*

THE CONSTITUTIONAL FACTORS IN DEMENTIA PRAECOX, WITH PARTICULAR ATTENTION TO THE CIRCULATORY SYSTEM AND TO SOME OF THE ENDOCRINE GLANDS. By Nolan D. C. Lewis, M.D. (Nervous and Mental Disease Monograph Series No. 35.) New York: Nervous and Mental Disease Publishing Company, 1923. 134 p.

This work of Lewis' deals with certain constitutional factors in dementia praecox considered from post-mortem material. The basis of the work is a review of the autopsy material that has accrued at St. Elizabeths Hospital since 1884. From approximately 4,400 autopsies Lewis selected 601 cases in which the diagnosis of hebephrenic or catatonic dementia praecox seemed fairly certain. The report divides itself naturally into two parts, the first dealing with the organization of the cardio-vascular system, and the second with the endocrine glands.

His observation in regard to the cardio-vascular system in cases of hebephrenic and catatonic dementia praecox is that the hearts and aortæ are on the whole smaller than in the normal individual. Thus, of 601 cases he finds 430, or 71 per cent, in which the hearts were below the average weight as given in various statistical tables, while in 171 cases, or 29 per cent, they were equal to or greater than average weight. Further, he finds that in 204 cases, or 33 per cent, the aortæ were small or, as he calls it, "aplastic"; in 136 cases, or 25 per cent, the aortæ were diseased; while in 261 cases, or 39 per cent, they were normal. He finds that even the small vessels in the cases of dementia praecox were smaller than the average and of defective histological make-up. Lewis takes into consideration the fact that "chronic exhausting diseases produce some atrophy of the heart muscle, thus causing general diminution in size and loss in weight, but here the pathological differentiation between atrophy and aplasia is not difficult, and one also has the size and condition of the aorta and its branches as additional aids". He also considers the high incidence of tuberculosis in dementia-praecox patients, but he accepts neither the theory that tuberculosis may account for the small hearts, nor that tuberculosis is the cause of dementia praecox; on the contrary,

he feels that the condition of the cardio-vascular system, with the relatively small-sized pulmonary vessels accompanied by the large lymphatic vessels, leads to lymphatic stasis and thus predisposes to tuberculosis. So he theorizes that tuberculosis and cyanosis of the extremities are dependent on the constitutional deficiencies of the cardio-vascular system, and, as his observations lead him to believe that this is a common characteristic of dementia praecox, that these other conditions should necessarily be concomitants of the latter disease.

Lewis further states that not only do the hearts and aortæ tend to be small in size, but that the structure differs from the normal. Thus the cardiac muscle is deficient and does not have the normal power of hypertrophy when valvular lesions occur. He thinks that in these cases the hearts do not appreciably enlarge with age as is characteristic of the normal individual. He finds that "the walls of the congenitally small aortæ are thin, smooth, free from lesions, except occasionally in the very aged (when they are less extensive than expected), and usually hyperelastic".

He thinks it noteworthy that the blood vessels are relatively free from atheromatous changes, and suggests that the inadequate circulatory system is an hereditary factor. He says, "It is just this type of inherited constitution, the inadequate, underdeveloped circulatory system and the deficient 'tissue stuff' composing some of the endocrine glands, and, allowing for early aplasias, multiple glandular scleroses, and dysfunction, which renders an individual in danger of developing the 'praecox' psychosis at puberty, or if then escaped, at some subsequent period of more severe physical, chemical, psychic, or social stress."

The other division of Lewis' work deals with the endocrine glands. In this latter study he uses a comparatively small number of cases. He reports that in 16 of 19 males he found gross testicular changes, and microscopic changes in 10. Out of 22 cases he found 15 with renal glands which he considered grossly atrophied, 5 in which they were of average size, and 2 in which they were larger than average. Microscopic investigation of 11 cases convinced him that there was an arrest or regression in the cortex of the adrenals. Of the 21 thyroid glands examined, he thought that 7 were unusually small, 9 smaller than average, and 5 unusually large. The combination of the changes in the endocrine glands and the small cardio-vascular system Lewis takes as an indication of a constitutional factor in hebephrenic and catatonic dementia praecox. He believes that this condition is not found in paranoid dementia-praecox cases, and he considers the latter as quite different from and not belonging to the same group as the other two types.

Interestingly enough, he has noticed that the cardio-vascular system in cases of general paresis is also smaller than the average, and he promises a discussion of this finding in the future.

In his conclusion he warns that "the knowledge of the presence of these fundamental organic peculiarities composing the soil in which the disordered mental habits arise should in no way interfere with the dynamic conceptions of the mental disease nor discourage the all-important studies on mental mechanisms".

Lewis has given some interesting tables in this monograph to show the basis of his deductions. Eighty-six pages of the 134 are devoted to case histories. There are some very instructive photographs and photomicrographs which help greatly to illustrate his concepts.

It is always a bit presumptuous to discuss and criticize work that one has not attempted to repeat oneself. However, as the author has invited a discussion of his presentation, a few words may not be altogether out of place. His work on the cardio-vascular status of his cases is extremely suggestive. One regrets that he did not record the other measurements of his patients in addition to those of the heart. It would be very much more convincing if one knew that the cases were of average size with hearts below the average. However, considering the amount of material, one may assume with Lewis that the majority of his patients could not have been undersized. Whatever the explanation of the relatively small aortæ, the observation, if corroborated by future investigation, means a great addition to our knowledge of some of the schizophrenic group, and will add to the interest in the study of the constitutional factors in dementia praecox. This interest has already been stimulated by the works of Kretschmer, Gibbs, and others.

One is inclined to view with more skepticism the author's conclusions with regard to the endocrine system. The number of cases in which the endocrine glands have been studied is comparatively small, and so little is known of the normal histological characteristics of these glands in various conditions of health and disease that any far-reaching conclusions would seem a bit premature. The work of Mott, to which Lewis refers, has been criticized by a number of investigators, and the same criticisms may be applied to the observations of Lewis. It should be remembered that the observations, if true, and the conclusions drawn therefrom should not militate against the study of the psychological mechanisms underlying the psychoses. The book is a distinct contribution to the literature on the bodily make-up of schizophrenic patients and is worthy of study by all interested in this field.

CLINICAL PSYCHOLOGY. By Louis Edward Bisch, M.D. Baltimore: Williams and Wilkins Company, 1925. 346 p.

Bisch's task—writing a guide to teachers—is not a simple one. His attempt to adapt his book to more general use makes the problem even harder. Any one who has struggled with the job of making a useful presentation to teachers realizes the importance of orientation, foundation, and limitation of the matter presented.

After an historical sketch, limited to mental deficiency, the student is plunged into a detailed examination devolving on one or another expert examiner—psychologist, social worker, psychiatrist, and so forth. The culmination of this is a summarization of positive data and the formulation of a diagnosis, which the author considers necessary in order to crystallize the case. Prognosis and treatment follow, but their relationship to diagnosis is not explained, nor is it shown how the data obtained are converted into diagnosis, prognosis, or treatment. The chapter on classification is quite complete, including major and minor psychoses and neuroses, but again the key for relating this to the results of examinations is not apparent. Chapters on normality, precocity, retardation, and amentia follow. The author takes up a discussion of major and minor psychoses, epilepsy, and personality deviations, with special emphasis on their relations to childhood problems. A chapter on syphilis is inserted with the aim of clearing away the misconceptions that too often arise. Heredity is given special emphasis as a cause of congenital amentia, and the various tests now used to estimate mentality are described. In the chapter on treatment certain radical or irrational lay conceptions are dealt with. Finally the relation of psychological problems to social problems is discussed.

Fifty-eight cases, examples of clinical psychological problems, contribute a good deal to the usefulness of the book. Notes explaining the derivation of the classification of these cases would have unified the book better and made the earlier chapters more significant. The illustrations in the book showing mental precocity, dementia praecox, psychoneurosis, epilepsies, and congenital syphilis might tend to produce misconceptions of the clinical psychologist's power of diagnosis from observation. One feels the need in this book of pre-clinical chapters orienting the reader physiologically and, in particular, psychologically.

GEORGE S. STEVENSON.

University of Minnesota.

THE NATURE OF LOVE. By Emanuel Berl. Translated by Fred Rothwell. New York: The Macmillan Company, 1924. 278 p.

The nature of love! What a subject! How universal the audience for such a title! One may picture the ever-seeking scenario writer reaching hopefully for a copy of Mr. Berl's book. But would he go beyond the index, with its first and second inquiries, chapters on realistic, idealistic, biological, and sociological explanations, its pluralism, monism, dynamism, intuition, and fusion? Probably not. Yet he, and many other readers, will be mistaken if they read only the index. The book is essentially scholarly; unfortunately it reminds one of the thesis for a doctorate. Abundant, precise, impartial restatement of existing material on the subject of love constitutes Part One. Well done, but rather tiring, though the crisp section on asceticism is priceless for quoting to such friends and relatives as greedily grasp each opportunity to "renounce".

But in Book II, the author adds himself to his material and excellent style, and there comes warmth. By all means, first read the second part. It is even worth thinking about, too.

Mr. Berl, though not himself a Roman Catholic, finds it "less difficult to picture to oneself this fusion of the self and the not-self by considering religious feeling than by considering sexual love". His most sympathetic discussion of love is in the experience of ecstasy by the mystic. He says love is a conjunction, "a kind of sympathetic power of reality. . . . The Love of God for God, the love of God for man, the love of man for God, and the love of man for man are in reality only one and the same thing, the fourfold aspect of one and the same reality. . . . Love is not simply a contemplation that knows, or a will which, though still blind, grows and develops. It is that which unites, the creator of couples, of families, of states, of churches—the bond of union everywhere."

After reading this careful discussion of love, its causes, attributes, and qualities, its jealousies and chivalries, will the casual reader be able to offer a better definition of love?

And yet, to quote Mr. Berl once more, "We can neither think nor speak of love without distorting it. Though what we say of it be true, love is nevertheless something different from what we say of it."

EUNICE B. ARMSTRONG.

Scarborough-on-Hudson, New York.

CONTROLLED POWER: A STUDY OF LAZINESS AND ACHIEVEMENT. By Arthur Holmes. Boston: Little, Brown, and Company, 1924. 219 p.

In reading the first few chapters of this book, the thought occurred to the reviewer that here was another addition to uplift literature—

The Power to Achieve, The Key to Success, Increase Your Brain Power, Others Have Done It, Why Not You? and so forth. The neat little verses sandwiched in at appropriate intervals added to this irritation. The disagreeable impression, however, was short-lived. With the conclusion of the work came the realization that most of it had been really enjoyable reading.

The book was written for a definite purpose and the style is suited to that end. Dr. Holmes has presented much helpful information in a popular way. This is a double achievement. He has taken the materials commonly used by the advocates of "will power" as the determining factor in life and has given these materials their proper interpretation. Holding before the boy of school age the lives and achievements of Edison, Roosevelt, Lincoln, Napoleon, and Caesar may have its value as a stimulant, or spur, to better effort. But many ambitious and conscientious youths have been materially damaged by being told that they could be as great as any of these men if they would exercise their "will power" and persevere.

When an average person tries to run his life on as little sleep as Mr. Edison requires, he generally runs into difficulties. His constitution is not built that way. Some geniuses have been able to work for long hours and for long periods of time without recreation or diversion. But when the average college student attempts to follow so exacting a schedule, his health will not stand it, and he is injured in body and mind before he realizes his mistake.

Dr. Holmes has treated the subject of genius in a common-sense and helpful manner. His book comes at a time when an antidote for overwork and over-reaching ambition is greatly needed. It gives the reader a solid foundation upon which to build an understanding of himself and of those with whom he has to work.

The book is a unit. It is to be read as a whole. Each chapter is necessary to its completeness. As one reads through the first few chapters the question arises, "What about the lazy youth who is physically sick?" This question is satisfactorily dealt with and elucidated before the conclusion is reached.

Dr. Holmes' style is facile and untechnical. His psychology is sound. He has made available to the lay mind information that heretofore was to be obtained only through a technical training in psychology and physiology.

W. P. McELROY.

Boston Psychopathic Hospital.

THE PRIMITIVE ARCHAIC FORMS OF INNER EXPERIENCES AND THOUGHT IN SCHIZOPHRENIA. By Alfred Storch. Translated by Clara Willard. (Nervous and Mental Disease Monograph Series No. 36.) Washington, D. C.: Nervous and Mental Disease Publishing Company, 1924. 106 p.

This monograph is a genetic and clinical study of schizophrenia, an examination of the relations between the inner experiences and thought life of present-day dementia-praecox patients and those same processes in primitive man as reported by investigators in the fields of ethnology, genetic psychology, and religious history. The author reminds us that this relationship was recognized long before the advent of psychoanalysis, and quotes particularly the German physiologist, C. G. Carus (1789-1869), and also Nietzsche. Freud (*Interpretation of Dreams*) is given due credit for emphasizing the relationship between dreams and the primitive mental apparatus, and likewise Jung (*Psychology of Dementia Praecox*) for showing the relationship between dream activities and schizophrenic thought as well as the many parallels between the phantasies of the later and archaic myths (*Psychology of the Unconscious*). Storch insists, however, that both Freud and Jung were too one-sided. Their analyses of archaic beliefs and fairy tales being undertaken and carried out exclusively from the viewpoint of certain psychoanalytic theories, they were led to questionable evolutionary hypotheses. Other psychoanalysts he calls to account for a proclivity to rationalize too readily—i.e., to deal with vague, obscure tendencies and feelings as if they were definitely-circumscribed thoughts. The author admits that in describing these conditions a certain amount of rationalization is indispensable, but he proposes to avoid the errors of the above mentioned workers by "entering deeply and in an unbiased manner into the life of the schizophrenic, on the one hand, and into the ethnological material, on the other". Instead of focusing on the *content* in the archaic-primitive and the schizophrenic sphere, he has attempted to work out resemblances in their thought *processes* and *emotional attitudes*. He calls this the genetic approach, as opposed to the descriptive of Kraepelin and the dynamic of Freud and Jung.

The monograph is divided into three sections. Section One deals with the motor and thought tendencies in schizophrenic as compared with that in archaic man. The author cites from case histories some interesting praecox mannerisms and parallels them with observations made on dogs and chimpanzees who expressed their wishes by pantomime, and with certain magic performances of Australian, New Guinea, and other tribes. He brings numerous references from

anthropological literature to illustrate the view that primitive thinking employs "full concrete pictures" instead of abstract ideas, and uses practically the same images and symbols as are found in schizophrenic thinking.

Likewise anthropologic references are cited in juxtaposition to praecox delusions to show that in both the consciousness of self is a very hazy one and that there is a fusion of the ego with the objective world.

In Section Two the author brings a wealth of material from observations made on primitive races and compares them with those made daily in our mental hospitals. Both show a strikingly similar emotional attitude. Both are much concerned with such mental experiences as magic change of sex, mystic union with the parent or loved one, identification with the cosmos, and rebirth. Catatonic stupor is likened to Jhana, on the threshold of Nirvana, the mystic holding himself in "full motionlessness". The fetal attitude observed on our praecox wards is compared to the Rigveda, an attitude still preserved in the Yoga customs.

Section Three is devoted to the limitations of the point of view of genetic psychology. The author states that during the height of a praecox upset, the schizophrenic may be regarded as having sunk back entirely into a primitive world of feeling and thought, but that when the acute stage subsides, he lives in a twofold world—in the primitive world of percept images, magic relations, and so forth, and on the other hand, in the world of his earlier logical experiences. The concluding pages are devoted to a formulation of an etiological statement to explain the sinking back to primitive levels. This, in the reviewer's opinion, is the weakest part of the monograph. To be sure, the author himself states: "We will limit ourselves to a few indications which are not regarded as being a complete theory of schizophrenia" But the reviewer feels that when the author asserts: "We assume that there has been a weakening of the rational superstructures caused by the schizophrenic pathological process", he is leaving the question of etiology just where it was left by Freud and Jung.

This monograph is not "light reading" and probably will not appeal to the average physician or to one who is only superficially interested in psychiatric problems. Nor is it a book for beginners in psychiatry. The author, however, has done a remarkable service to what might be termed the embryology of psychiatry by bringing together so much material from authentic original sources. He has opened wider the door pried open by Freud. The translator is to be thanked for making this work available in English. Physicians

and others who are really interested in the problems of dementia praecox will find a reading and even a rereading of this monograph well worth while.

H. L. LEVIN.

Buffalo State Hospital.

PUBLIC HEALTH IN THE UNITED STATES; AN OUTLINE WITH STATISTICAL DATA. By Harry H. Moore. New York: Harper and Brothers, 1923. 557 p.

Haven Emerson's introduction describes Moore's volume of experience well as a "*vade mecum* for the lecturer, the school-teacher, the magazine writer, a philosophy of social action, a compendium of facts which reminds one in every chapter, to our humiliation, that we know infinitely more than we use". Dr. Thomas W. Salmon and other experts besides Dr. Emerson have rendered aid to Mr. Moore of the United States Public Health Service in the production of this outline of public health.

A short account is given of man's concern through the ages for his health, followed by a multitude of topics under the main headings: the human and economic costs of disease, the warfare against disease, the exploitation of ignorance regarding disease, the conquest of disease by health, and the expanding field of public health.

Mental defect, disease, and hygiene receive considerable notice in various parts of the book to which one is referred conveniently by the index. A chart on page 290 depicts the organization of mental-hygiene activities in a large city. Mr. Moore takes it for granted that the sanitarian will be actively concerned with the promotion of mental health.

A satisfactorily exhaustive treatment of the numerous public-health specialities is not, of course, to be expected under one cover. The bringing together of the many topics, however, facilitates reflection on the relationships of the various health activities.

The eighteen appendices comprise not the least valuable portion of the contribution. In six of the appendices mortality rates and miscellaneous health data are compared specifically by states.

A unique feature of the volume is the abundance of references throughout the text to the sources of the detailed information furnished. Readers who wish more complete information regarding the various topics will be pleased with the thirty-six pages of notes specifying sources.

Moore's compendium, like a dictionary, is difficult to read consecutively, but the book is a mine of compact, useful information concerning public health.

ARCHIBALD S. DEAN.

New York State Department of Health.

REFORMATORY REFORM. By Isaac G. Briggs. New York: Longmans, Green and Company, 1924. 227 p.

"The desire for sensationalism, so prevalent in this age, militates against quiet, rational investigation and suggestions, for a speech or book, if not startling, is considered of small value. The public palate has become so jaded with excitement that only a generously spiced dish will tickle it, and the temptation to season his dish with strong red pepper becomes almost irresistible to the earnest investigator who is convinced of the importance of his case, but can see no other way of rousing public interest."

So confesses the author of *Reformatory Reform* (page 194) in a volume partly autobiography, partly admonition, and partly a re-statement of some of the principles of juvenile penal therapy, long considered elementary in this country.

The first few chapters represent the author's feeble and unsuccessful attempt to resist the temptation referred to above. They record his adventures in an English reform school, a semi-public training school for boys of from twelve to twenty-one years.

The "strong red pepper" is fairly well sprinkled. He relates how he had to wash in the usual "foul water"; his food was a "nauseating mess"; he and his fellows "seldom laughed"; and "Smith", his warden, delighted in calling him "you little swine". In conformity with his own formula, "the earnest investigator", fearful lest the "jaded" public should overlook the real merit of his book (and there is some), concludes his personal experiences as follows:

"For three years I lived—in general—on slugs and dough, never sat on a chair, never saw a carpet, a picture, or even a piece of oilcloth, never a cup and saucer . . . never wore a collar or tie . . . never saw a daily paper. . . ." (Page 149.)

On finishing the harrowing tale, one can but wonder how the author ever survived his two terms at the school in shape to become (as we understand he is) a self-made, successful business man and a thoughtful student (as the latter part of his book indicates) of juvenile penology.

The author was, on his own admission, a bad boy. On like authority the school was a bad school. But the ideas expressed in his book indicate that something, whether the school or not, has had the desired effect on him, for his book surely evidences the fact of one successful reformation.

Many other persons have spent a term in prison or reformatory, have profited by it, and have become successful citizens. Some of them have had the courage and intelligence to write about it, in the hope that they could thus improve the system of handling such

institutions. In America Frank Tannenbaum, Kate Richards O'Hare, Sophie Lyons, Roger Baldwin, Victor Eytinge, and others who have discreetly preserved their anonymity, and in England, John Howard (of blessed memory), Mary Gordon, Leonard T. Hobhouse, and Archibald F. Brockway, Jr., have alike succumbed to the irresistible temptation. Naturally the public accords a hearing to men and women who speak out of the bitterness of their own experience. It feels that their recommendations, being free from official bias, should be given weight. What a pity, then, that the injection of too much "red pepper" in these accounts is dulling the sensitiveness of the public palate to the real situation!

Most people, even the officials in charge, are inclined to believe in the soundness of the policy that substitutes constructive treatment for destructive punishment, at least with the young offender. Our ideals in America, at any rate, along these lines are clearly taking shape. The present difficulties consist in getting legislative support and financial backing and a personnel devoted and intelligent enough to carry out these ideals.

The second part of the book deals with some of the encouraging features of England's progress in dealing with the juvenile delinquent—the children's court, probation, reformatory and industrial schools, Borstal treatment, and after-care. Many, if not all, of the policies here approved have been in practice in many of our American states.

The third and really valuable part of the book is entitled *A Critical Consideration of the Problem as a Whole*. This is the meat of the volume. Whether it would be or will be consumed very generally without the "red pepper" is not quite certain. It is to be hoped, however, that the student of delinquency will not allow the sprinkling of so much condiment to obliterate the taste of the real viands.

Very little of the author's program is original. He approves the trial of trifling offenses out of court, truant schools under the educational department, preliminary examination of all more serious offenders, a children's division of the court, coöperation with parents, compulsory probation for first offenders, reparation to go with probation, the abolition of formal conviction until the age of prison commitment is reached, keeping reporters out of court, and the abolition of "birching". None of these recommendations have an air of novelty to the American penologist.

For those juveniles who have failed to respond to the above treatment, he proposes a definite commitment for at least three years in a school especially designed and constructed for the purpose. His arguments against the indeterminate (more properly called the indefinite) sentence, so generally favored in this country, are novel,

but unconvincing and contrary to the ideas of most writers and administrators to-day.

The author here makes a point many times overlooked by enthusiastic advocates of the indefinite sentence who use the analogy of a prisoner to a hospital patient to indicate the futility of fixed-term sentences. He calls attention to the fact that (1) the hospital patient wants to get well, and (2) the hospital doctor can demonstrate recovery by clinical tests before releasing his patients from the hospital; thus reminding us that, try as we will to treat our criminals scientifically, we have always to deal with that stubborn and recalcitrant factor, the prisoner's will.

The author stresses the need of a practical vocational education and deplors the time wasted in "education not bearing on the trade". (Page 215.) "Under this system history, 'gografee', arabesque, drawing, tonic sol-fa singing, and the like would be ignored". How the author would have sympathized with the Tammany applicant for the position of mail carrier who quit the civil-service examination when asked how far it was to Alaska!

Religion alone is unavailing, says the author, to induce a boy to be satisfied with his "drab lot". He wants many of the pleasures of life, and it is the duty of the state not to attempt to reconcile him to foregoing these pleasures, but, through "practical" trade instruction, to make it possible for him to enjoy them.

The writer closes his book with a brief statement of what an institution for juvenile delinquents should be from a structural or physical standpoint. His specifications are good. Here, again, but few of them are original; most of them are elementary. A few of his recommendations are novel, at least to the reviewer—finger bowls and napkins to stimulate neatness, dancing with "outside partners", and "an ancestor's gallery of 'old boys' who have done well".

Students will find the last part of the book a helpful restatement of principles, and if the "slugs and dough" and the rest of the "red pepper" cause a few people to read it who otherwise wouldn't, the obvious exaggeration of conditions in one English training school may be overlooked.

SANFORD BATES.

Massachusetts Department of Correction.

MAN'S JUDGMENT OF DEATH. By Lewis E. Lawes. New York: G. P. Putnam's Sons, 1924. 146 p.

The content of this book is more explicitly indicated in the subtitle: *A Comprehensive Analysis of the Operation and Effect of Capital Punishment, Based on Facts, Not on Sentiment.* Warden

Lawes outlines briefly the history of capital punishment, and shows how in early England it did not serve to lessen crime. It is his opinion that the abolition of the death penalty will come to pass not alone from religious, moral, and ethical reasons, but because scientific research will reveal its uselessness. The weakness of the death penalty as a deterrent is discussed in an ingenious fashion and with a note of satire. The author's survey or investigation shows no uniform judicial statistics available for the country as a whole, regarding the number of homicides, indictments, judicial procedures, convictions, acquittals, and sentences. The statement is made that even records in state prisons on sentenced individuals are not all that could be desired. The need for a scientific survey of administrative agencies charged with law enforcement, detection of wrongdoers and their prosecution, and the results of the punishment inflicted, is stressed. Capital punishment as it exists to-day is delineated, and consideration is given to actual experience throughout the country with respect to the operation of the death penalty, as well as to life imprisonment. A comparison on a percentage basis of executions in relation to sentences is set down for representative states in this country. Tables are given which exhibit a possible relationship of sentences, executions, and homicide rates, including tables based on French, English, and Canadian statistics. A discussion of the effect of the death penalty upon lynching is presented. Foreign homicide statistics are also given, representing a considerable expenditure of time and effort on the part of Mr. Lawes in gathering and relating these data in an illuminating manner. The writer's personal opinion is set forth at several points in the study, and in justification of conclusions against capital punishment, he marshals a well-chosen batch of statistics and points out concisely the deductions that must be drawn from them.

The book includes a brief, but forceful foreword, Appendix A (51 pages of tables and charts, which have been analyzed in the preceding 80 pages of text), and Appendix B in which are set forth the written opinions on capital punishment of a number of penological experts. In gathering and correlating the indicated statistical information, Warden Lawes has rendered the intelligent public a distinct service.

CLINTON P. McCORD.

Board of Education, Albany, N. Y.

IMMIGRATION PROBLEMS. By Victor Safford. New York: Dodd, Mead, and Company, 1925.

This book is a discussion of "immigration problems" in only a very special sense; the "problems" are those encountered in enforcing the immigration law of the United States at the port of entry.

The writer of the book, a former officer in the medical branch of the immigration service, who took up his duties at the Port of New York in the nineties, draws upon a wealth of experience to show us the difference between theory and practice in the framing and administration of an immigration law.

He tells us story after story of the successful devices of immigrants and their friends to "beat the law", of the personal and political relations of officials that hinder its impartial and efficient operation. He assures us, however, that the immigrant inspection force is at least honest—that less grafting goes on than we might suppose.

He has little patience with social workers, "uplifters", philanthropists, and sentimentalists generally. He is not enthusiastic about some of the new methods of administration proposed. "Selection" of immigrants abroad, so desirable theoretically, he thinks will be difficult to carry out in practice. The rapid medical examination of former years, so severely criticized by most students of the immigration problem, he defends, on the ground that the experienced eye of the medical officer can catch indications of physical defect in the immigrants as they pass before him, from their movements and behavior, even better than from detailed medical examination of the immigrant at rest only, especially in certain types of disease. And the steerage immigrant, he says, is generally healthy, more so than the cabin passenger, so that a thorough examination in each case would be a waste of time and money.

Much plain foolishness, he says, has been exhibited on the part of advocates of intelligence tests, but progress has been made toward putting these on a reliable basis.

Dr. Safford's attitude toward the immigrant and immigration is, on the whole, unsympathetic. Although he admits the existence of a type of immigrant—self-reliant, able to care for himself, soon absorbed in the mass of the population—who possesses qualities commanding respect by all, the impressions and recollections that make up the greater part of the book are almost entirely of the unpleasant traits, the undesirable peculiarities of the newcomers.

His first impression of immigrants on his first visit to Ellis Island was that they carried hard and angular baggage which bumped into him. And this is, in sum, his impression of the immigration problem as a whole—an awkward, heavy, sharp-cornered bundle to be passed on from hand to hand and got rid of as firmly and as rapidly as possible, in so far as it has to be handled at all.

KATE HOLLADAY CLAGHORN.

New York School of Social Work.

MAN AND HIS AFFAIRS FROM THE ENGINEERING POINT OF VIEW. By Walter N. Polakov. Baltimore: Williams and Wilkins Company, 1925. 233 p.

Mr. Polakov's book will undoubtedly prove interesting to many a lay reader who would ordinarily shrink from any reference to mathematical philosophy. After reading a few chapters, one notes with surprise that the author's presentation of the subject is comprehensible and far from dull. However much one may disagree with his conclusions, one cannot fail to admit that he has succeeded in stimulating interest in a subject of which the average reader knows little. The chapter entitled *Relativism in Human Life* is an excellent introduction to the subject. More than one reader will turn from the perusal of *Man and His Affairs* to consult Keyser's *Mathematical Philosophy*, from which work Mr. Polakov quotes at length.

Mr. Polakov's book, however, will be of little value to the student of psychology. Although the author speaks of "the new postulates which square human conduct with human nature"—a phrase by no means antagonistic to the tenets of dynamic psychology—his exclusively mathematical perspective renders him incapable of comprehending human nature. His interpretations are purely intellectual, and he finds emotional phenomena unintelligible. He has a masterly way of exposing man's weaknesses (with which he has little sympathy), but he optimistically declares that all these manifestations of our haphazard existence may be transformed by scientific thinking. The reference to education is particularly interesting. Mr. Polakov delivers an excellent tirade against present educational systems, but his proposed reforms, which he considers inevitable, give one the impression of tending irrevocably toward that standardization which he deplures in the present system.

In summing up, one might say that the value of this book lies in whetting curiosity rather than in offering solutions for the problems of man. Nevertheless, it is the latter target that Mr. Polakov aims at—and, of course, misses. The admixture of what might almost be called propaganda is a distinct advantage throughout the book. There are passages that sound as if Mr. Polakov were conducting a revival, and to many of us the prospect of a mathematical Utopia is no less appalling than that of the reformer's heaven.

RUTH LIEBMAN.

New York City.

NOTES AND COMMENTS

District of Columbia

A bill to establish, in the Bureau of Education, a division for the study of the mental and educational needs of backward, mentally deficient, and otherwise mentally handicapped school children, is before Congress.

This bill has the same provisions as one that failed of enactment in the last session of Congress. It was summarized in the April, 1925, issue of *MENTAL HYGIENE*.

A bill before Congress would grant free hospital treatment to postal employees suffering from tuberculosis, nervous diseases, or kindred occupational ailments in hospitals of the United States Public Health Service or the United States Veterans' Bureau.

A bill to establish a laboratory for the study of the abnormal classes is before Congress. It would be in charge of a director, appointed by the President, with the advice and consent of the Senate, whose salary would be \$7,500 per year. His assistants would include an anthropologist, a criminologist, a psychologist, an alienist, a neurologist, and a statistician, each at a salary of \$5,000. Other personnel would be a translator, six stenographers, three clerks, and three messengers. This laboratory would be established in the United States Public Health Service, and its work would include both laboratory investigations and the collection of sociological and pathological data, especially such as may be found in the institutions for the insane, dependent, defective, and delinquent classes. The purpose of its investigations are stated to be "the prevention and lessening of social evils through knowledge and the education of the public in these subjects gained by the scientific study of their causes".

Legislation to establish a board of public welfare for the District of Columbia has been introduced in Congress. These bills are very similar to those presented in former sessions, one of which was summarized in the April, 1924, issue of *MENTAL HYGIENE*.

Massachusetts

A bill before the 1926 legislature would authorize the construction of a new state hospital for mental diseases in Waltham.

New Jersey

A sterilization bill is before the 1926 legislature. This bill is identical with one introduced last year, which passed in the senate, but failed in the assembly.

New York

A bill is before the 1926 legislature carrying an appropriation of \$50,000 for the furnishing and setting into operation of the reception clinic at Sing Sing Prison. This state has been committed to such a clinic since 1916, and the building for it has been ready for use nearly three years. The bill provides the sum of \$25,000 for a psychiatrist, to be in charge of the clinic, and such assistants as may be necessary. The remaining \$25,000 is to be devoted to equipment and furnishings. The psychiatrist is to be appointed by the state superintendent of prisons.

Another bill, amending the prison law in relation to the duties of physicians in county jails, contains the following new provision:

"It shall be the duty of such physician to examine each person committed to the jail and to ascertain if such person is suffering from or afflicted with any contagious, infectious, or communicable disease, and in the case of all persons charged with a criminal offense, to ascertain if such person is a mental defective or insane; and report to the sheriff, in writing, the result of such examination."

Another bill would appropriate one million dollars for fire prevention and safety measures at such state hospitals and charitable institutions as may be designated by the governor, the chairman of the senate finance committee, and the chairman of the assembly ways and means committee.

A state psychiatric hospital at Syracuse University is provided for by a bill now before the 1926 legislature.

According to the terms of another bill before the 1926 legislature, private institutions for the treatment of narcotic drug addiction must be licensed by the state hospital commission. If enacted, this law will go into effect January 1, 1927, except that applications for licenses may be made to the commission and the commission may make all necessary examinations and grant such licenses from the date on which it becomes a law.

A 1926 bill, amending the penal law, allows the jury to find a verdict of "guilty, but insane", in the case of mentally incompetent persons. When this verdict is rendered, the following procedure is authorized:

"(1) A person, who is found guilty, but insane, in a case where the crime charged is or may be punishable by death or by imprisonment for life in a state prison, if he were not incompetent, shall be sentenced to confinement for life in a state hospital for the criminal insane, with the proviso that in case he becomes competent, he may apply to the governor to be thereafter confined in a state prison.

"(2) A person, who is found guilty, but insane, in a case where the crime charged is or may be punishable for a term of years, shall be sentenced to confinement in a state hospital for the criminal insane, for such term as the court would sentence him if he were not incompetent, with the proviso that in case he becomes competent prior to the expiration of such term he may apply to the governor to be thereafter confined in a state prison. When the term for which such person was sentenced expires and such incompetency continues, the provisions of sections one hundred and fifty-nine and one hundred and sixty of the insanity law¹ shall apply in whatever state hospital for the criminal insane such person shall then be confined."

Another bill before the 1926 legislature, amending the education law in relation to the supervision of children with retarded mental development, contains the following new provision:

"In every county of the state there may be a county supervisor to supervise the education of children with retarded mental development as defined by this article. In counties within the city of New York there may be such additional supervisors as may be necessary and shall be determined by the board of estimate and apportionment. The salaries of such supervisors shall be a joint charge against the cities, union free school districts, and school districts within the county, but the state shall apportion to such city or district, in the same manner as teachers' quotas are apportioned thereto, an amount equal to one-half of the salary paid to each such supervisor and charged against such city or district. The amount of the salary to be paid to supervisors shall be determined by the legislative authority of the county. No person shall be a supervisor unless he be a duly licensed physician with at least five years' experience in the treatment of mental disorders and diseases. The children mentioned in this article shall be given special courses of mental training under the general direction and supervision of the supervisor. Such children shall be required to attend such special courses until they are eighteen years of age."

A bill to authorize the transfer to the state of the land in New York City on which the State Psychiatric Institute and Hospital is

¹ These sections relate to the retention of insane convicts after the expiration of their terms and the discharge of such convicts, respectively.

being constructed is before the legislature. This state institution is being erected in connection with the new medical center that is being developed jointly by Columbia University and the Presbyterian Hospital.

Porto Rico

The Porto Rican Child Welfare Board was created by an act of the 1925 legislature. This board is to have charge of the study of all problems affecting childhood, to revise present legislation on the subject, and to inspect all institutions for children. It is to report to the legislature each session concerning the operation of such institutions and recommend such measures as it deems necessary for the benefit of childhood. The members are appointed by the governor, with the advice and consent of the senate, for a term of two years. The board consists of five members, two of whom must be mothers. The commissioners of health and education are *ex officio* members. The secretary, appointed by the commissioner of health on recommendation of the board, must be a person of recognized ability in social study and work, especially in regard to infancy. The office of the board is located in the department of health.

Rhode Island

The Rhode Island Children's Laws Commission, appointed by the governor in April, 1925, in accordance with an act of the legislature of that year, has submitted its report to the governor and the 1926 legislature. It recommends the enactment of twenty-seven bills, among which is one to create a children's bureau in the state public welfare commission, for the protection of defective, dependent, delinquent, and other children. Another bill would provide for examinations to discover children three years or more mentally retarded, for establishing special classes in the schools for their instruction, and for prohibiting such children from obtaining work certificates at the age of fifteen years. The report recommends a state program for the mentally defective, and that the state establish a psychopathic ward or hospital to be used by the juvenile courts as a place to detain temporarily children in need of special study.

West Virginia

The State Hospital for Colored Insane, established by an act of the 1919 legislature, was opened February 1. This institution, which is West Virginia's fourth state hospital, is located at Lakin in Mason County. It will receive colored persons with mental disease, and also colored epileptic and feeble-minded persons.

MORE—AND BETTER RELIGION

Editorial, *The New Republic*

"I have tried to indicate what I think the country needs in the way of help under present conditions. It needs more religion. If there are any general failures in the enforcement of the law, it is because there have first been general failures in the disposition to observe the law. I can conceive of no adequate remedy for the evils which beset society except through the influence of religion."—*Extract from a recent address by President Coolidge on the increase of crime, delivered to the National Council of the Congregational Churches of America.*

There is a mixture of understanding and misunderstanding about Mr. Coolidge's advice to his fellow-countrymen on this as on other occasions which challenges analysis. His general thesis is that the social problem created by the increase or even the existence of crime cannot be dealt with adequately either by government or secular education. Only the Christian churches, acting as the spokesmen of religious authority, are capable of infusing into erring men and women the needed disposition to lead a good life. There is something to be said for this contention which we shall say presently. But as the President has stated it, it will not do. He would convert religion chiefly into the handmaid of government. He conceives the church as the trustee of a conventional legal and moral code. Finally he is in effect asking the clergy, who are at present wholly impotent to deal remedially with crime, to share with political officials a responsibility which belongs primarily to the latter and which they are now bungling and shirking to a wholly unnecessary extent.

The truth about crime which Americans most need to realize at present does not concern the ultimate inability of the state to remedy the whole evil. It concerns the failure of the state to do as much as it can to moderate the existing volume of crime. Other governments and the American government at other times have shown much more efficiency in this respect than the several American governments now show. The public officials who are engaged in detecting, prosecuting, and judging criminal acts are not as capable and conscientious as they should and can be. They are not themselves sufficiently conscious of the causes, the extent, the consequences, or the remedies of their own failure. They have reason to conceal the truth from themselves. They obtain their power as the result of a partisan distribution of political offices and a partisan control of electoral machinery which it is important from their point of view not to disturb. They are not appointed, dismissed, or appraised with much reference to their zeal or efficiency. It is almost impossible accurately to estimate the value

of their services to the community. They have never established or permitted to be established any agency which accurately records their official behavior and tests their official capability. At the very moment when every citizen of New York, for instance, knows that life and property are shamefully insecure, the police department gives out statistics to prove that crimes of violence are substantially falling off.

In this and in many other ways the government obviously can do very much more to detect, to punish, and to prevent crime than it actually does. In dealing with the problem it will need assistance from non-political agencies, but manifestly there is one group of people, not politicians, who are much better educated to furnish this assistance than are the clergymen. We refer, of course, to some of the anthropologists. There is an increasing body of scientific knowledge which throws light on human pathology and which, if the law and professional prejudice allowed, might render help to police departments, prosecuting attorneys, and judges much more than it now does to diminish crime. In fact it would superficially be much truer to say that what America needs as an adequate remedy for the evils which beset society is more knowledge of human behavior rather than more religion. Christian religious authority has exerted at one time a more effective influence on practical conduct than it does to-day, but in those days of comparative clerical prestige society suffered more than it does now from the menace of crime and from impotence to deal remedially with it. The Christian Church has not at any time in its history displayed much ability or much desire to diminish crime. In fact, the clergy have often been as complacent about its existence as the police are to-day. Organized Christianity has from the days of its recognition by the state sought rather to console and spiritually compensate society for the existence of crime than to find a remedy for it. Often the clergy have conceived it to be the inevitable consequence of human depravity. Students of society are, consequently, counting less on official Christianity to remedy social evils than on science. Religion without science has been tried. Science with or without religion has not. The best chance at present of supplementing the necessary deficiencies of government in dealing with crime is to apply to it the spirit of patient investigation and the method of watchful experimentation which has accomplished so much in other regions of human experience.

It is important, consequently, to begin by recognizing that social problems such as crime cannot be dealt with adequately unless government seeks the assistance of scientific method as applied to human behavior. The failure to recognize this truth was unenlightened on Mr. Coolidge's part. Yet even if he had recognized it, he might still

with reason have insisted that the problem of crime, as one aspect of the much larger problem of "good" human behavior, was necessarily entangled with the amount and kind of authority which religious motives exercised over the lives of the ordinary American. Whether or not and how far crime exists in any community will always depend in part on its government, its social institutions, and its humane knowledge, but crime, wherever it exists, is ultimately a matter of particular choices by individuals, and the religion of any community is its organized conscious attempt to induce individuals to choose well. No matter how much Christianity may in the past have failed to assist government in dealing remedially with crime, it will in the future have to assume a larger share of the social responsibility for the existence of crime. It will, that is, if it is to continue to play the part of the official religion of an enlightened modern community.

When President Coolidge pleaded in his address to the Congregational ministers for more religion, he would have done well to put in a plea also for a religion somewhat different in quality. The kind of Christianity which is now preached from the great majority of American pulpits is no doubt a spiritual comfort to millions of people and a capacious reservoir of social standards; but it has never exercised as profound an influence as it needed to exercise on individual conduct, and moreover it has of late years been losing at least part of its former authority. Protestant Christianity in America no longer acts as if it possessed any faith in its ability to control individual behavior. Two generations ago when the churches sought to combat the evils of intemperance, they organized revival meetings and exacted individual pledges of total abstinence. To-day they accomplish the same purpose by demanding prohibition. The great majority of them appraise the 18th Amendment and the Volstead Act as a satisfactory example of practical Christianity. The churches summon the state to abate by force an evil which they cannot abate by religious authority: viz., the propensity of supposed Christians to become liquor addicts. Nevertheless crime increases and so does the disrespect for law. Then the state in the person of President Coolidge summons the clergymen to assist in obtaining obedience to laws which had to be passed because laymen persisted in ignoring the admonitions of these spiritual censors. The guardians of society seem at times to get their signals mixed.

In the past the clergy have depended for their influence on popular conduct too much on moral coercion. For many centuries they were licensed to threaten the sinner with everlasting suffering in hell and to promise to the faithful everlasting beatitude in heaven, and during this period of moral terrorism they themselves were chiefly spiritual policemen who were armed to prevent laymen from

going wrong. In their attempts to control individual conduct, they still invoke the authority which they derive from popular belief in their peculiar access to the sources of righteousness and truth. But this authority is being seriously undermined. The layman is increasingly sceptical of the dogmas which vindicate clerical authority, and this scepticism is merely a deserved and appropriate penalty of the notorious disputes which rage among the official spokesmen of Christianity about its essential meaning. They are losing the prestige which formerly enabled them to obtain some response from laymen to their moral admonitions. At the very time when President Coolidge is calling upon the clergy to bring religion to the assistance of the state, the fundamentalists are proposing to employ the state schools for the purpose of restoring the waning authority of official Christianity. It will be wiser for the representatives of both state and church to consider why they perform their own proper functions so badly rather than to try to escape the consequences of their own failure by calling a no less wobbly partner to their assistance.

Official Christianity is powerless for one obvious reason to answer President Coolidge's call for help. It has never negotiated a satisfactory agreement with the spirit and method of natural science. Of late years an increasing disposition has existed among some men who call themselves scientists to dispute with the clergy the monopoly which the latter have traditionally enjoyed as the custodians of the truth which makes for human liberation. While individual and social psychologists are still far from justified in claiming a knowledge of human nature so trustworthy that from it they can give instruction in the art of living, they are nevertheless steadily improving their methods of investigation and the value of their results. On the other hand the clergy are standing still or falling behind. There is no doubt a small minority of liberal Christians who are doing what they can to associate Christian promise of redemption with a methodical inquiry into the processes of human behavior, and who expect by this means to emancipate official Christianity from its bondage to traditional rules and principles, but they have made little impression on the mass of the clergy. The great majority of ministers still assume that they know all they need to know in order to do their work. As they see it, their all-important task remains that of exhorting their flocks into accepting their belief as to truths and in following their advice as to conduct. This assumption is undermining the authority of the churches. It is preventing Christianity from exerting the influence which it ought and needs to exert on the way nominal Christians live. For Christianity cannot become, as its Founder proposed, essentially a way of life unless its ministers fully realize the impossibility of redeeming human lives by obeying rules

or repeating dogmas. They must lead their flocks to consult life itself in its aspect of conscious methodical experience for the light which they need to carry on the task of human regeneration.

SPIRITUAL HEALING: AN ECCLESIASTICAL VIEW

The following account of a churchman's views on spiritual healing appeared in a recent number of the *British Medical Journal*:

"The Bishop of Durham, Dr. Hensley Henson, in his address to the Durham Diocesan Conference on Saturday, March 14th, spoke at some length about spiritual healing. He asserted that spiritual healing meant no more and no less than mental healing, that the faith which effected the marvelous healings of ecclesiastical record and created a number of miracles about saints and shrines, need not be distinguished from suggestibility. Faith healing was common to all religions, and there was nothing distinctively Christian about the 'Christian healing' described by Mr. J. M. Hickson. In the bishop's opinion, Mr. Hickson's conception of faith hardly rose to the Christian level; his notion of prayer seemed frankly pagan, and his reading of Christian history quite mistaken. On Mr. Hickson's view it would appear, said the bishop, that his healing power was co-extensive with that of Jesus as described by the evangelists; but it did not appear that Mr. Hickson had claimed to have actually raised the dead, although his ability to do so was clearly implicit in his general position. Dr. Hensley Henson observed that the science of psychology was throwing a flood of light on that obscure region in which the psychical operated upon the physical. The healing of disease was the incommunicable task of the physician; and the Christian ministry was not charged, and could not seriously concern itself, with this healing. When Mr. Hickson called upon the Church to revive this part of her ministry—physical healing—which he alleged had been lying in abeyance so long, the bishops owed it to the Church to declare their deliberate judgment. Mr. Hickson, in his enthusiasm for 'spiritual healing', was led to use language which implied that the cessation of a healing ministry in the Church had been calamitous to mankind. When miracles of healing were most numerous, the bishop observed, public health was least satisfactory. The wonderful advance in medical science had been conditioned throughout by its hard-won independence of theological presuppositions and ecclesiastical control. 'It cannot be the duty of the Church', concluded the bishop, 'deliberately to return to the beliefs and methods of a primitive and superstitious past.' Bishop Hensley Henson, when Dean of Durham, sat on the committee on spiritual healing which met at Westminster under the chairmanship of Bishop Ryle, Dean of Westminster, and presented

a unanimous report to the Archbishop of Canterbury in 1914. He had the opportunity, therefore, of hearing and examining the witnesses who gave evidence before that committee. Mr. Hickson was unable to appear before the committee; in fact, it does not appear that any official investigation of Mr. Hickson's cases has taken place since the British Medical Association appointed a committee to investigate in 1909. . . . According to the Bishop of Durham, Mr. Hickson admits that the testimonies to his cures fall short of what might fairly be required, so that in the absence of scientific diagnosis before the Bradford mission and examination afterwards they could not be decisive. But Dr. Hensley Henson's opportunities for hearing the claims of healers and for judging the standard of validity in evidence required by medical men have been larger than those of many of his fellow bishops. As a result of these opportunities, the bishop, while professing no concern with the faith healer's gift, which, he says, Mr. Hickson appears to possess, expresses the view that Mr. Hickson would be wise to exercise the gift with caution lest he should do irreparable injury to those who sought his aid. In the bishop's opinion the sphere of conscience is preëminently the sphere within which the clergyman's duty is unquestionable. The modern physician can discern the nature of the psychic trouble which arrests and defeats physical treatment, and his knowledge might lead him to desire the clergyman's distinctive service. The bishop's remarks strike us as sound sense, and (if we may venture to say so) as sound doctrine, too."

SOCIAL WORK AND PSYCHIATRY

Editorial, *The Journal of Neurology and Psychopathology*

Our whole psychiatric outlook will naturally be molded according to our conception of the basic factors of mental disorder. Roughly speaking, we have three schools of thought in mental medicine. There are those who hold a strictly materialistic view and who found the symptoms upon morbid changes in nervous structure which supposedly result from infective agents, blood disorder, endocrine imbalance, etc. Another sect adopts a purely psychogenic aspect, and bases mental pathology upon mental conflict and warfare between instinctive desires and personality. Others take a wider viewpoint and see in the neuroses and psychoses a biological maladaptation to environment. According to the stress we lay upon these basic conceptions, so will our ideas of the importance of different prophylactic and remedial measures vary. The materialistic school will tend to correlate mental hygiene with general measures conducive to physical fitness; we still hear the fallacious shibboleth that if only the evils of

alcohol and syphilis were removed, mental disorder would be half eliminated. Since we must look upon the organism and its reactions as an integrated whole, physical hygiene must not be lost sight of, but as the one and only aim in view such a stressing must be deprecated. The psychogenic school has undoubtedly thrown a flood of light upon regions of mental aberration which were previously obscure, but again we cannot but think that their theories are often apt to be so ultra-scientific that failure from the pragmatic point of view constantly accrues.

If we adopt a wider psychobiological conception of mental disorder and strain our energies on such lines, the results to the community may be more far-reaching. A psychotherapist cannot be manufactured by mere psychological and neurological training. There must be "*au fond*" in him mental characteristics, a personality, which will enable him to sum up an individual, recognize his type, empathize his feelings, and almost intuitively grasp the exigencies of the case. Even such an ideal psychiatrist as we picture is handicapped in that he has usually only the opportunity of seeing the individual, when, from the point of view we inculcate, it is the individual in conflict with his environment that is so largely responsible for the mental breakdown. Without a knowledge of that environment the psychiatrist may be helpless, and what he gleans from the patient himself may naturally be almost worthless since the neurotic and psychotic have distorted mental views. If, then, we would attack psychiatric problems from the wide point of view of the community as a whole and see herein the vast question of interplay between individual and environment, the knowledge of the latter may be as important as, or even more than, the former. If environment cannot be modified, then the individual must alter his adaptation or the neurosis must continue. We wish to stress the point that a so-called mental breakdown may be, and often is, more an economic, domestic, or social problem than a medical one. It is this fact which is so often lost sight of by the neopsychiatrist, who tends to wrestle with infantile complexes at the expense of dealing with environmental conflicts. Following Herbert Spencer's *dictum* that life is a continuous adjustment of inner to outer relations, we must not, as we are apt to, leave these latter out of our study. As Southard pointed out, it is important that the mental sciences should study not merely life's inner relations *as such* and life's outer relations *as such*, but also the adjustments of interrelations of the two.

All this leads up to the theme that social work is a necessity as an adjunct to psychiatry. Beneath the individual problem which the patient brings there is an added underlying social problem, of which the psychiatrist knows nothing, and this is the reason, in all prob-

ability, that he so often fails to effect a cure, notwithstanding that he has carried out a very perfect therapeutic method. The main mass of mental material will always be treated at out-patient hospital departments or clinics, where even if the physician knows of the social problems to some extent, he cannot adequately evaluate them, cannot devote much time to their discussion, and is impotent to deal with much that they involve. It is tragic to reflect that such out-patients continue year after year to visit such institutions, only to receive a few banal words of advice and a repeat mixture, when the real sources of the neurosis have never been traced. In the vast majority of instances our armchair methods of psychotherapy fail. The valuable time taken up in obtaining the necessary personal histories of these patients could be devoted to the really important medical factors if a social worker had previously provided all such details. We should find, too, that with the provision of this information at the outset, our diagnosis and treatment would be greatly modified. It is by no means uncommon to find that, with added knowledge of a "longitudinal section" of a case history, what was regarded as anxiety hysteria has really been a mild dementia praecox. In mental work cross-section surveys of a patient's history are almost useless.

When we speak of psychiatric social work, we refer to the evolution of a definite profession such as has been in evidence in America for some years. The untrained social worker is of little value. The worker trained in the various wide factors concerned in social adjustment will be in a position to collect all available information which in the hands of the psychiatrist will permit of rational diagnosis and treatment; to apply to the social environment measures calculated to relieve the mental stress which was provocative of the breakdown; to supervise the rehabilitation of the patient in his relation to society; to act as an intermediary between physician and patient, and carry out instructions prescribed by the former. We hear much nowadays about reform in the applications of mental medicine, and the necessity for early treatment, but much of this reconstructive energy might be directed on better lines. Early treatment, as we have tried to show, will be largely sterile unless outer social relations are duly taken into account, and this can adequately be done only through social service. The question of certification or non-certification in mental disorder does not lead us far. It is only a device for the dodging of the stigma attached, which will only be lessened by education and a closer touch between society and patient. Every society will have the mental sufferer it deserves. As society recognizes its responsibilities and as each patient is treated as an individual unit, progress may come about. It must

not be forgotten, too, that to a well-trained psychiatric social worker a vast field is opened up for valuable medico-social research. We have now in England our National Committee of Mental Hygiene. It might well commence its campaign by insuring that psychiatric social work shall go hand in hand with other progressive measures.

HEREDITY IN MENTAL AND NERVOUS DISEASES

Editorial, *The Lancet*

The transmission from parent to offspring of mental and physical characteristics has been accepted as a fact from the beginning of time, but this principle cannot be applied to disease processes quite so simply. The complex living organism is made up of a number of individual entities together composing the whole, and in the consideration of the transmission of qualities the questions at once arise: Does the innate characteristic of the individual persist unchanged and is it transmitted in its unchanged form, or can the characteristic be modified during the life of the individual, and can this modified characteristic be transmitted? The Mendelian laws showed that in comparatively simple organisms, with clearly recognizable traits, the innate characteristic persisted and that the manner of its appearance in the progeny could be mathematically computed. The advent of Darwinism and the theory of sporadic variation further deflected attention from the second possibility, but opinion now shows a trend towards the neo-Lamareckian attitude which affirms that the acquired modification may, under suitable circumstances, be passed on. The Mendelian law is very hard to apply in the complex organism and more particularly in the field of disease. It is difficult, in the first place, to pick out the definite fundamental trait, the unit characteristic; what appears unitary may, in fact, prove to be highly complex. Apart from a very limited group of abnormalities, such as hæmophilia, albinism, and certain familial myopathies, very little in this line has actually been accomplished beyond the establishment of a certain persistence of characteristic in a family tree.

In medicine it has been the custom to introduce the heredity as an etiological factor in disease, especially in cases where no other definite causative factor is known. The history of pathological research, however, offers many instances where the hereditary influence was once supposed to be the all-important agent, when further advances in knowledge have shown the disease to be one acquired in the lifetime of the individual. In such cases, even where the disorder has been definitely proved to be due to an environmental cause, such as the invasion of micro-organisms, the exponents of the

hereditary theory merely change their ground and speak of a "diathesis" or a "constitutional tendency". Professor Abraham Myerson, in a work reviewed in our columns this week, emphasizes this point in relation to tuberculosis. He says:

"Up till Trudeau's time, in fact right up to the discovery of the tubercle bacillus by Koch, the main factor in the causation of the disease was held to be heredity. There were plenty of families found in which tuberculosis occurred 'generation after generation', plenty of families found in which all or many of the brothers and sisters had the disease, the same kind of evidence we have to-day for the 'inheritance of insanity'. . . . With the discovery of the infecting organism as a cause of tuberculosis heredity received a knock-out punch; in fact, every one now loudly proclaims that there is no heredity in tuberculosis, but instead the metaphysical 'predisposition' is acclaimed, and still lingers to obfuscate intelligent thinking."

The real obstacle, as it appears to us, in the way of any advance in our knowledge of the hereditary transmission of disease lies, firstly, in the difficulty of finding a "unit character". There are few diseases which can be so regarded: the majority are symptomatic groupings. Particularly does this apply to mental and nervous disorder, of whose ultimate nature we have at present little accurate knowledge and concerning which it is probable that future research will radically alter our conceptions. Secondly, we do not know how far a certain grouping of symptoms may constitute a biological reaction to certain specific environmental circumstances. Because a certain symptom-complex appears in a national or family grouping, it does not necessarily follow that the cause lies within. There is a strong measure of probability in the alternative explanation—viz., that the mechanism of biological adaptation to the environment is producing a similar series of reactions in a number of individuals exposed to the same conditions. Thirdly, we are remarkably ignorant of the laws governing degeneracy, atavism, or simple failure of development. It is a matter of consideration whether a number of the disease entities now recognized are not phenomena of this order rather than disease processes proper.

The progress of *homo sapiens* has been not biological, but sociological; it has depended upon his control of and ability to grow at the expense of his environment. The development of man is not reckoned in terms of biology, but in terms of his capacity for using materials—the Stone Age, the Bronze Age, the Age of Steam. There has been steady progress in the manipulation of the environmental factor, and it may be that the hope of medical science lies in a further extension of this principle. It is a comforting reflection that the

history of medicine shows a steady tendency to eliminate the hereditary in favor of the environmental cause as the knowledge of morbid processes has become more explicit. For it is still a question whether the advance of the human race depends upon the adaptability of man to his environment or upon his capacity for adapting the environment to himself.

CHILD STUDY PROGRAM OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

The Canadian National Committee for Mental Hygiene has entered upon an extensive research program, to be conducted in coöperation with various Canadian universities. Arrangements have been made with the University of Toronto for a five-year study of mental and nervous conditions among school children, with the object of evolving a technique of prevention that can be applied to the entire school population of the Dominion. The study is in charge of Dr. A. E. Bott, Dr. J. G. Fitzgerald, Dr. W. E. Blatz, Professor E. MacPhee, and a group of assistants.

In Montreal, the assistance of McGill University has been enlisted in a five-year investigation of behavior problems among children, directed toward the discovery of methods of preventing future delinquency, illegitimacy, prostitution, and dependency. Professor J. W. Bridges and Dr. W. T. B. Mitchell are conducting the work.

Arrangements are also being made for a five-year study of children of pre-school age, to determine what factors are necessary for healthy mental and physical growth and to serve as the basis of a program of parent training in child development.

In connection with this research program, the Canadian National Committee, with the aid of the Rockefeller Foundation and the Laura Spelman Rockefeller Memorial, is granting seven traveling fellowships in mental hygiene. The research work will be financed by the Lady Byng of Vimy Fund for Mental Hygiene and the Rockefeller Foundation.

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